

KNOX COUNTY PARKS AND RECREATION RECIPT OF DONATION

Provide one copy to Department, one copy to Donor, and one copy to
Commission within 30 days of acceptance.

Date: ____/____/____

Business /Organization/Sponsors Name: _____

Contact Name and Title: _____

Address: _____

Email: _____

Phone: ____-____-____

Tax ID/SSN: _____

Type of Donation: ____ Monetary ____ Land/Goods/Services

Donor Estimate of Current Value of Donation (Fair Market Value): \$_____

Payment Method:

____ **Check** (Make checks payable to Knox County Parks & Recreation-
Attn: Finance & Administration Director)

____ **Credit Card** (Visa or Master Card accepted)

CC# _____

Expiration Date: ____/____ Security Code _____

____ No goods or services were provided in exchange, in whole or in part, for the donation.

____ If land, goods, or services - describe donation and provide serial or VIN number, if applicable.

____ This donation is to be used at Knox County's discretion.

____ This donation is to be used specifically for the following purpose:

Potential immediate or initial acquisition or installation cost, ongoing maintenance or replacement cost:

Department and Budget Unit receiving donation: **Knox County Parks & Recreation**

Additional Remarks:

Signature of Donor: _____

____ **Approved** ____ **Denied**

Date: ____/____/____ Department Director Signature: _____

Donations are tax deductible, to the extent allowable by law. KCPR Tax ID #: 62-6007979
Knox County cannot guarantee future funding for repair, maintenance, use or replacement of donated items.

If you have any questions or concerns contact us at **865-215-6600**.