

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
LOWELL CORRECTIONAL INSTITUTION

MEMO TO: ASSISTANT WARDEN OF PROGRAMS

FROM: _____
(Printed Name of Donor)

DATE: _____

SUBJECT: Donation

I am donating the following item(s) to Lowell Correctional Institution and I understand that all donations become the property of the department when accepted. Lowell C.I. retains the right to determine the usefulness of the donated item(s) and the Warden or designee may not accept the donated items if it is believed that it will pose a threat to security or the safety of any person.

QUANTITY DESCRIPTION OF ITEM(S) BEING DONATED

Name of donor

(Address) Street

City, State, Zip Code

Approved

Disapproved

Warden or Designee