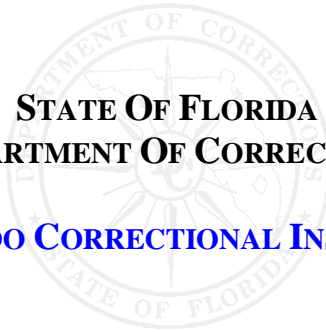


**STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS**

HERNANDO CORRECTIONAL INSTITUTION



MEMO TO: ASSISTANT WARDEN OF PROGRAMS

FROM: _____
(Printed Name of Donor)

DATE: _____

SUBJECT: Donation

I am donating the following item(s) to Hernando C.I. and I understand that all donations become the property of the department when accepted. Hernando 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

<u>QUANTITY</u>	<u>DESCRIPTION OF ITEM(S) BEING DONATED</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of donor

(Address) Street

City, State, Zip Code

Phone number

[] Approved

[] Disapproved

Warden or Designee