

OCMGA
Donations-in-Kind/Financial Support
University of Florida/Okaloosa County Accounting Purposes

Name of Donor: _____ Date: _____
(Optional)

Purpose of Donation: _____

Item(s) Donated:	Approximate Value:
_____	_____
_____	_____
_____	_____
_____	_____
Total:	_____

Accepted by: _____