



MONETARY DONATION FORM

DONOR INFORMATION

Name: _____
Address: _____
Phone: _____
Email: _____

Hereby gives to the City of Scandia \$ _____ for the purpose of _____

Any funds in excess of the amount required for the above purpose:

- may be used for _____
- shall be returned to the Donor
- may be applied to any other project or fund deemed appropriate by the City Council of the City of Scandia

The City of Scandia will make reasonable efforts to accommodate the intended purpose of the donation but reserves the right to utilize, relocate and/or dispose of any item through donated funds as the City of Scandia may deem fit.

Donor Date

Donor Date

Recommended:

Department Head Date

Accepted:

City Administrator Date