

THE UNIVERSITY OF TEXAS AT DALLAS | UTDALLAS.EDU/CALLIERCENTER

DONATION FORM	ſ
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Date of Donation:			
Donor Name: (please print))		
Address:		Street	
	Ň	Sheet	
City	State	Zip code	Phone #
I wish to donate the follo	wing items:		

Your signature below indicates that you understand the following:

- I voluntarily wish to donate items to The University of Texas at Dallas (UT Dallas) Callier Center for Communication Disorders.
- I understand that this form is only a statement of the donated items and I will receive a copy.
- I understand that the legal document acknowledging my charitable donation for tax purposes will be sent from UT Dallas to the address provided above. I understand that it may take up to 45 days to receive this documentation from UT Dallas.
- I understand that I will be responsible for determining the monetary value of the donation.

Signature: _____

UT Dallas Callier Personnel Only

Person Receiving Donations (print)

Signature