DONATION FORM

Florida Department Of Corrections

*Pursuant to FDC Procedure 501.402, **all** donations become the property of the Department of Corrections and are utilized at the discretion of the Warden or her/his designee. All donations will be utilized where most needed. The Department cannot guarantee any donations will be utilized in a specific area, dormitory, department of the facility, or for a specific group of offenders.*

FACILITY:	
Donor Name:	**Ministry/Organization:**
Address:	**Phone Number:**
Reason for donation:	
Donation Description: list each item individually: (i.e. musical instrument, clothing items, etc. Note: Books may be listed by total number donated rather than title)	
Expected Date of Delivery:	**Delivery Method:**

By my signature below, I acknowledge and understand that if my donation is approved, it is considered a donation to the Department of Corrections and the facility has the right to place or use the donation in whatever location or manner it feels may best serve the interest of the facility as a whole with no obligation to the donor:

- *No donations will be accepted that are designated or restricted for the use or benefit of a particular offender.*
- *Copy of Driver's License or state issued identification card is REQUIRED at the time of Delivery*
- *Approval is only valid for a period of 30 days*
- *Donations will be accepted: Weekdays 8 AM – 5 PM at the Administrative Building*
  Visitation Days 8 AM – 9 AM (7 AM–8 AM) by Duty Warden or Shift Supervisor
- ***Pursuant to F.S. 944.47 it is illegal to bring, or attempt to bring, contraband onto the grounds of this facility***

Signature: _____ ***Date:*** _____

FOR STAFF USE ONLY

☐**APPROVED** ☐**DISAPPROVED**

WARDEN/ DESIGNEE SIGNATURE: _____ **DATE:** _____

Donation Delivered by: _____ **Date:** _____
Reviewed and accepted by: _____ **Signature:** _____

Mail completed Donation form to:
Assistant Warden of Programs
(Facility Specific)