

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
RECORD OF DONATIONS - VOLUNTEER SERVICES

FACILITY _____

DONOR	ORIGINAL DEPT. CONTACT	DATE OF RECEIPT	FACILITY COORDINATOR	RESTRICTIONS
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DESCRIPTION	ACCEPT		BY	DATE	LETTER SENT BY	DATE	EST. VALUE	FINAL DISPOSITION
	YES	NO						

REMARKS:

Upon completion of this form, file original in the Facility Office of Volunteer Services and forward a copy to the Institution Steward. On donation of a motor vehicle, forward an additional copy to Support Operations in Central Office.