



Learning with Purpose

CONTROLLER'S OFFICE
Wannalancit Business Center
600 Suffolk St, RM 415
Lowell, Massachusetts 01854

GIFT/PRIZE EXCHANGE FORM

I acknowledge that I have received a gift of a
(Print-Name of recipient)

(Gift received)

This gift was given to me for taking part in
(Event/Program)

Program date
Date

(Program Description)

Date to be picked up by (2 weeks from date of Program)

<input type="text"/>
<i>Print Name- Recipient/Student name</i>
<input type="text"/>
<i>Student ID (if applicable)</i>
<input type="text"/>
<i>Recipient Signature</i>
<input type="text"/>
<i>Date</i>

<input type="text"/>
<i>Print Name- Purchaser</i>
<input type="text"/>
<i>Purchaser Signature</i>
<input type="text"/>
<i>Date</i>