



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)

Print Name of Recipient/Student name
Student ID # (_____)
Signature
Date

Print Name of Purchaser
Purchaser Signature
Date