

**Donor Information** (all fields are required):

Name of Donor Organization or Company Name

Mailing Address

City

State

Zip

Contact Person

Contact's Phone Number

Contact's Email Address

This donation is for the purpose of:

Estimate of potential installation/maintenance (description and estimated cost):

**\* When requested, the school or program will provide a complete accounting of the expenditure of the donated monetary funds.**

**\* Any gift/donation to the District or to an individual school or department of money, materials or equipment having a value of \$5,000 or greater will be subject to Board approval.**

**\* Any gift/donation having a value of \$1,000 or greater but less than \$5,000 will be subject to approval by the Superintendent or designee.**

**\* All gifts/donations will become School District property (Policy 6114).**

Date

\_\_\_\_\_  
Principal or Program/Department Director Signature (or designee) - **REQUIRED FOR ALL GIFTS/DONATIONS**

**Tech Director's Approval Required**

Initials \_\_\_\_\_

Date

**Exec Dir. of Ops Approval Required**

Initials \_\_\_\_\_

Date

Date

\_\_\_\_\_  
Superintendent Signature (or designee) - **REQUIRED FOR GIFTS/DONATIONS OF \$1,000 OR GREATER**

**Board Approval Required (DONATIONS OF \$5,000 OR MORE)**

Board Approved on:

Date

\_\_\_\_\_  
Officer (i.e.: ASB, PTA) if applicable

Date

\_\_\_\_\_  
Officer (i.e.: ASB, PTA) if applicable