KATONAH-LEWISBORO SCHOOL DISTRICT DONATION FORM

This form is to be used when an individual or parent organization wishes to donate to the district.

NAME/ORGANIZATION MAKING THE DONATION TO THE DISTRICT:

ADDRESS:

PHONE NUMBER: E-MAIL:

SCHOOL INTENDED TO RECEIVE THE DONATION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| JJHS | JJMS | KES | IMES | MPES |

IS THERE A SPECIFIC DEPARTMENT OR PROGRAM THIS DONATION IS FOR?

YES

NO

IF YES, DEPARTMENT OR PROGRAM RECIPIENT OF DONATION:

# WHEN A MONETARY DONATION IS MADE TO THE DISTRICT AND THE DISTRICT WILL PURCHASE ITEM(S):

AMOUNT OF MONETARY DONATION:

PURPOSE OF MONETARY DONATION:

# WHEN AN IN-KIND DONATION IS MADE TO THE DISTRICT:

DESCRIPTION OF ITEM(S): \_\_\_\_

VALUE OF IN-KIND DONATION:

DATE OPERATIONS & MAINTENANCE CONTACTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Office Use Only:*

DATE BOARD OF EDUCATION ACCEPTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE BUSINESS OFFICE NOTIFIED OF DONATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE DEPARTMENT OR SCHOOL NOTIFIED OF BOE ACCEPTANCE OF DONATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_