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| **\_\_\_\_\_\_\_\_\_\_ School District**  **DONATION FORM** |
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| NAME OF DONOR: \_\_\_\_\_ Check here to remain Anonymous |
| Contact Address of Donor: |
| Contact Phone Number of Donor: |
| Contact Email of Donor: |
| Donation Amount: $ |
| Mode of Receiving Donation (cash/check). If check, please record date and check number  Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Checks should be made payable to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District |
| Purpose of Donation: Please provide a description of how you would like these funds used. |
| Person Authorized to expend funds in accordance with above purpose:  Building Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dept Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (list Dept. i.e. Athletics, Music)  Classroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have a time frame for use of funds: NO \_\_\_\_\_ YES\_\_\_\_  If yes please list end date\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If No is selected, use of funds will be within 12 months of date of acceptance. |
| Signature of Donor:  Date: |
| Signature of Individual Accepting Donation on behalf of the School District:  Date: |
| FOR OFFICE USE ONLY: |
| Date Accepted by School Board: |
| Thank You Letter Sent to Donor (Date): |

ACCEPTANCE OF GIFTS

1. THIS FORM IS USED IN CONJUNCTION WITH SCHOOL DISTRICT POLICY KCD – GIFTS TO SCHOOL
2. GIFTS UNDER $500 – PRINCIPAL CAN ACCEPT – BUT MUST NOTIFY SCHOOL BOARD IN THEIR MONTLY REPORT
3. GIFTS OVER $500 – MUST BE PLACED ON A SCHOOL BOARD AGENDA HAVE BOARD VOTE TO ACCEPT
4. GIFTS OVER $5,000 - NEED TO HAVE PUBLIC HEARING (POSTED AS A LEGAL NOTICE) AND MUST BE PLACED ON A SCHOOL BOARD AGENDA TO HAVE BOARD VOTE TO ACCEPT