

_____ School District DONATION FORM	
NAME OF DONOR: _____ Check here to remain	
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 IN THE AMOUNT OF \$500 OR LESS – PRINCIPAL CAN ACCEPT – BUT MUST NOTIFY SCHOOL BOARD IN THEIR MONTHLY REPORT
3. GIFTS OVER \$500 BUT LESS THAN \$5,000– MUST BE PLACED ON A SCHOOL BOARD AGENDA HAVE BOARD VOTE TO ACCEPT
4. GIFTS OF \$5,000 OR MORE - NEED TO HAVE PUBLIC HEARING (POSTED AS A LEGAL NOTICE, 7 DAYS IN ADVANCE IN A LOCAL NEWSPAPER) AND MUST BE PLACED ON A SCHOOL BOARD AGENDA TO HAVE BOARD VOTE TO ACCEPT
5. IT IS THE PRINCIPAL'S RESPONSIBILITY TO HAVE AN AGENDA ITEM TO ACCEPT GIFTS
6. PART OF SCHOOL BOARD ACCEPTANCE NEEDS TO INDICATE WHETHER DONATION WILL A) BE IN THE STUDENT ACTIVITY FUND - FOR BENEFIT OF STUDENT OR B) WHETHER IT WILL BE HANDLED AT THE SAU OFFICE - SET UP AS A DONATION ACCOUNT.
7. WHEN DONATIONS ARE RECEIVED, BE SURE THE DONOR COMPLETES THE DISTRICT DONATION FORM