

DONATION FORM

Dear Donor:

Thank you for your interest in donating to the Ichabod Crane School District. The information below will assist the Board of Education in determining that your gift meets the criteria governing **Policy #1800, Gifts from the Public**. The Board of Education would prefer the gift to be an unrestricted offer rather than one with conditions, and that the donor work first with the appropriate Administrator in determining the nature of the gift and its suitability for district use.

Donor Information

Name: _____

Address: _____

Telephone: _____ Signature: _____

Donation Information

Item(s) to be Donated: _____

Purpose of the Gift: _____

Estimated Cash Value of Donation _____

Type of Donation: _____ Unrestricted _____ Restricted (Please Specify Below)

If restricted, list and special conditions or restrictions placed on this donation:

Administrator's Recommendation

Identify any future costs to the district as a result of this gift:

Budget Account Code: _____ Amount: _____

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I recommend this donation be accepted by the Board of Education.

Administrator's Signature: _____ Date: _____

District Use Only

Business Administrator's Approval: _____ Date: _____

Budget Increase as Indicated Above: Yes _____ No _____

Superintendent's Approval: _____ Date: _____

Board of Education Approval: _____ Date: _____