



# Wharton Independent School District



I would like to seek a donation for my classroom / school campus / department.

Date: \_\_\_\_\_ Campus / Department: \_\_\_\_\_ Name of Requestor: \_\_\_\_\_

**I am seeking a donation from:**

\_\_\_\_ Donors Choose      \_\_\_\_ Go Fund Me      \_\_\_\_ Other): \_\_\_\_\_

\_\_\_\_ Church / Religious Org. (Name) \_\_\_\_\_

\_\_\_\_ Non-Profit (Name) \_\_\_\_\_

\_\_\_\_ Business or Corporation (Name) \_\_\_\_\_

\_\_\_\_ Other (Please Specify) \_\_\_\_\_

**Amount of Funding / Value of Donation Requested: \$** \_\_\_\_\_

Item(s) to be Requested: \_\_\_\_\_

Other: \_\_\_\_\_

Does the District currently have funds budgeted for requested item(s)? (circle one) Yes / No

Purpose / Intended Use of Funds / Items:

\_\_\_\_\_

I understand that all donated funds/items become the property of Wharton ISD.

\_\_\_\_\_

Signature of Requestor

Date Submitted

\*\*\*\*\*

\_\_\_\_ Approved \_\_\_\_ Not Approved

\_\_\_\_\_

Principal / Director's Signature

\_\_\_\_\_ Date

*Send approved form to Cynthia Davis at the Wharton ISD Education Support Center.*

\*\*\*\*\*

\_\_\_\_ Approved \_\_\_\_ Not Approved

\_\_\_\_\_

Superintendent

\_\_\_\_\_ Date

**Wharton Independent School District**

**I would like to seek a donation for my classroom / school campus / department.**

**PART 2 – District Administration Review**

**Date Request Received at ESC:** \_\_\_\_\_ ([cdavis@whartonisd.net](mailto:cdavis@whartonisd.net))

<b><u>Technology Department</u></b>	
<input type="checkbox"/> Not applicable to Technology Department	
<input type="checkbox"/> Impacts Technology Department	
	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
<b>Executive Director of Technology</b> _____	<b>Date</b> _____

<b><u>Curriculum Department</u></b>	
<input type="checkbox"/> Not applicable to Curriculum Department	
<input type="checkbox"/> Impacts Curriculum Department	
	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
<b>Deputy Superintendent</b> _____	<b>Date</b> _____

<b><u>Maintenance Department</u></b>	
<input type="checkbox"/> Not applicable to Maintenance Department	
<input type="checkbox"/> Impacts Maintenance Department	
	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
<b>Executive Director of Operations</b> _____	<b>Date</b> _____

<b><u>Business Department</u></b>	
<input type="checkbox"/> Not applicable to Business Department	
<input type="checkbox"/> Impacts Business Department	
	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
<b>Business Manager</b> _____	<b>Date</b> _____

**Return this completed form to the Superintendent's Secretary for Superintendent's Approval.**