



*West Irondequoit Central School District  
gratefully appreciates your support  
of school programs.*

**For consideration by the Board of Education**

Donation: \_\_\_\_\_  
If donation is a piece of equipment, please describe. If monetary, please list dollar amount.

Value: \$ \_\_\_\_\_ Donated by: \_\_\_\_\_  
(set by donor) Address: \_\_\_\_\_

Purpose of Donation:

Administration Use			
_____ Approved	_____ Not Approved	Assigned to area/room# _____	
Comments:			
_____		_____	
Assistant Superintendent for Finance	Date	Board of Education President	Date
_____	_____	_____	_____
Superintendent of Schools	Date		