

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
ACCEPTING GIFTS FROM THE PUBLIC**

If you wish to have a gift considered for acceptance by the School District, please read Board Policy #5230 -- "Acceptance of Gifts, Grants and Bequests to the School District" and complete this form.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

1) Describe the gift. What is it? List its condition, age, size, and other details as applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Describe the terms, if any, of the gift as follows:

a) What is the purpose of the gift? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b) Describe any conditions or restrictions for its use. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3) If the gift is in trust, describe specifically your intentions for the use of the principal and for investment. (You may contact the District Treasurer to agree on a method for treating the principal.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continued)

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4) Which of the following conditions does the gift fulfill?

\_\_\_\_\_ Is it in support of and a benefit to all District schools or to a particular District school?

\_\_\_\_\_ Is it for a purpose for which the District could legally expend its own funds?

\_\_\_\_\_ Is it for the purpose of awarding scholarships to students graduating from the District?

Thank you for your consideration of the District as a recipient of a gift. We will consider your donation and respond to you about our ability to accept your gift as soon as possible.

**PLEASE NOTE:**

All donations require an approval from an administrator in the department which will be receiving the gift.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date