

7003-AR Request to Accept Gift

WALLED LAKE CONSOLIDATED SCHOOLS
REQUEST FOR PERMISSION TO ACCEPT:

GIFT CASH/ DONATION OTHER

Building _____

Donor Name (individual/organization): _____

Address _____ City _____ Zip _____

Description of gift (use back of form if necessary):

If gift requires service/installation, please describe (what, where, when, by whom):

Expected use of gift by District:

Estimated/actual value of gift: \$ _____

Donor's Signature

Date: _____

_____ The District is requested to send an acknowledgment of receipt of the gift to the donor at address listed above.

_____ This gift **has** already been received by the school.

_____ This gift **has not** yet been received by the school.

Bldg/Dept Administrator's Approval

Date: _____

Bldg/Dept Administrator's Printed Name

Superintendent's Approval

Date: _____