



To: Dr. John Simpson
Superintendent

Re: Gift to the District

Name: _____

Address: _____

Phone: _____

wishes to donate the following gift to the Webster Groves School District:

Monetary Value : \$ _____

How will/should the donation be used? _____

Principal/Administrator Signature (if needed): _____

Building/Department: _____

Action of the Superintendent

_____ Accepted with the thanks of the Webster Groves School District

_____ Recommended for Board of Education approval (\$5,000 or greater value) at

the _____, meeting.

Date: _____ Superintendent Signature: _____