

Manhasset Union Free School District

1800-E-1

PROPOSED DONATION OR GIFT TO THE DISTRICT

Thank you for your interest in offering a donation or gift to the Manhasset School District. Please ensure that all terms of your donation/gift are in compliance with Board of Education Policy 1800 on Donations, Gifts, and Grants to the District.

NAME OF DONOR(S) / ORGANIZATION:

CONTACT NAME and EMAIL ADDRESS:

ADDRESS of DONOR / ORGANIZATION:

PHONE: HOME MOBILE

TYPE OF GIFT (Please check):

REAL ESTATE EQUIPMENT CASH/CHECK OTHER

APPROXIMATE VALUE: \$ _____

PLEASE DESCRIBE NATURE OF GIFT and ANY RELATED DETAILS (attach, if needed):

DONOR SIGNATURE _____

DATE _____

MUFSD USE ONLY:

RECOMMENDED: BUILDING PRINCIPAL – NAME (PRINT) _____

SIGNATURE _____

DATE _____

ASSISTANT SUPERINTENDENT for BUSINESS and OPERATIONS:

NAME (PRINT) _____

DATE _____

SIGNATURE _____

DATE OF BOARD OF EDUCATION APPROVAL _____