



SOUTH BEND COMMUNITY SCHOOL CORPORATION

Gift Application

The below individual(s) or organization(s) desire to make a gift to the South Bend Community School Corporation (SBCSC) as follows:

To: SBCSC Board of School Trustees, 737 Beale Street, South Bend, IN 46616 Date: _____

Donor 1 Name: _____ Donor 1 Phone Number: _____

Donor 1 Address: _____

Donor 2 Name: _____ Donor 2 Phone Number: _____

Donor 2 Address: _____

To School/Program	Description of Gift(s)	Purpose of Gift(s)	Value of Gift(s)

We would like to give your recognition for your contribution unless you wish to remain anonymous.

Please check here if you prefer to remain anonymous. ☐

ADMINISTRATIVE USE ONLY

☐ Deposit into ECA at School _____ ~or~ ☐ Gift Account #: _____

Check # _____ Date Received: _____ Rec'd By: _____ Budget ok? _____

Type of Gift: ☐ Non-Cash Gift ☐ Cash/Check Gift

☐ Restricted to Type: _____ Restricted to Location: _____

Signature of Principal/Administration Bldg. Dept. Head

Signature of Executive Director of Administrative Services

DIRECTIONS: After the form is completed and signed by Principal/Admin Dept. Head, forward all copies to the Executive Director of Administrative Services for processing. After approval and Acceptance by SBCSC School Board, a copy will be returned to school or department.

South Bend Community School Corporation, 737 Beale Street, South Bend, IN 46616

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