GIFT DONATION FORM

NORTH READING PUBLIC SCHOOLS

GIFT ITEM:

Recipient/ Purpose:

Donor's Name:

Address:

Describe any site changes required to accommodate item (e.g room or land preparation):

****

Form Completed by:

Approvals

Principal/ Program Leader:

Date

Superintendent:

Date

Business Manager:

Date

****

BUSINESS OFFICE USE ONLY:

Date Listed on School Committee Agenda: _____

Date Listed on Gift Receipt Master: _____

Date Acknowledgement Letter Sent: _____