



DONATION FORM - STANDARD



Date: _____

To: Fernando Natividad, Chief Financial Officer

For: Recommendation to Magda Hernandez, Superintendent

From: Name of Principal/Department Head: _____

Name of School/Department: _____

Name and Company of Person Donating: _____

Mailing Address: _____

City, State, Zip: _____

Description of Gift: _____

Value of Gift: _____

Permission is requested to accept this donation/gift for our school/department. The donor understands that this donation/gift will become the property of the Irving Independent School District and will be under the jurisdiction of the school/department in accordance with School Board Policy and administrative rules and regulations. Approved donations/ gifts should be added to fixed asset inventory, if applicable.

Remarks: _____

Chief Financial Officer

Date

☐ APPROVAL ☐ DISAPPROVAL

Superintendent

Date

☐ APPROVAL ☐ DISAPPROVAL