



Board Approval Date: \_\_\_\_\_  
(Bus. Svs. Use Only)

## ONTARIO-MONTCLAIR SCHOOL DISTRICT DONATION/GIFT TO DISTRICT FORM

PLEASE COMPLETE FORM AND RETURN TO EXECUTIVE ASSISTANT, ADMINISTRATIVE SERVICES

The following donation/gift list is submitted for approval by the District's Board of Trustees:

**DONATED BY:**

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

**Donor type**

\_\_\_\_ Parent  
\_\_\_\_ Employee \_\_\_\_\_  
\_\_\_\_ Other: \_\_\_\_\_

**For Gift Matching Programs**

\_\_\_\_ Donor: \_\_\_\_\_  
\_\_\_\_ Business Matching Gift

**MONETARY DONATION**

BUDGET ACCT. # \_\_\_\_\_

AMOUNT DONATED: \$ \_\_\_\_\_

DONATION

DESIGNATED USE:

Field Trips  Instructional Materials

Other: \_\_\_\_\_

**EQUIPMENT DONATION**

*All equipment must be checked/approved by appropriate District personnel prior to submitting for Board approval*

Equipment checked by: Principal/Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

<u>QUANTITY</u>	<u>ITEM/BRAND</u>	<u>ESTIMATED VALUE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER DONATION (i.e.: supplies/services, etc.):**

*Acceptable donated items cannot contain company logos or other forms of advertisement*

<u>QUANTITY</u>	<u>ITEM/BRAND</u>	<u>ESTIMATED VALUE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**COMMENT/REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ SCHOOL/DEPARTMENT: \_\_\_\_\_

PRINCIPAL/SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_