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 _____