

**REQUEST FOR APPROVAL OF GIFTS/DONATIONS**  
(submit in duplicate)

Date \_\_\_\_\_ School \_\_\_\_\_

Requests for approval must be in by Monday of the week prior to the board meeting.

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Amount of gift/donation: \_\_\_\_\_ Type gift/donation: \_\_\_\_\_

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Specific purpose of gift/donation: \_\_\_\_\_

Donor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Credit to account: \_\_\_\_\_ Date: \_\_\_\_\_

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