



Donation (Cash / Property) to the Madison Public Schools

Completion of this form is required prior to the district's consideration of a proposed donation to the Madison Public Schools. This form is to be completed in its entirety and submitted to the building principal / assistant principal, Athletic Director, or Superintendent prior to receipt of any donated goods, services, or funds. The school principal may approve gifts to a school that are valued at \$500 to \$,1000 and meet criteria established by the administrative regulations established in accordance with this policy. Donations valued in excess of \$1,000 must be approved by the Board of Education. (Reference Policy #3281)

RECEIVED
SEP 12 2024

Date Form Completed: 09.06.24

SUPERINTENDENT

Organization / Individual Making Donation: Jeffrey PTO

Address: c/o 331 Copse Road, Madison, CT 06443
(Street, city, zip)

Phone #: 203-245-6460

Description of Donation / Gift and intended use: Check 2593 - to support field trips & subscriptions

Approximate Value: \$10,000.00

Recipient(s) name: Jeffrey Elementary School

Acknowledgements: (optional)

In honor/memory of: n/a

Acknowledgement Contact: Jeffrey PTO

Acknowledgement Address: c/o 331 Copse Road, Madison, CT 06443

This request cannot be acted up on before the building Principal / Assistant Principal, Athletic Director, or Superintendent has been consulted concerning this gift. Please provide the name/signature of the person who was consulted.

Signature of Person Consulted: Rebecca Fruit

Are there conditions of use attached to the gift/donation: Yes No

If yes, please explain conditions: Funds to be used to support Jeffrey school field trips & subscriptions

Are there installation, site preparation, labor, or equipment costs needed for installation, etc.? Yes No

If yes, who is responsible for the costs? n/a

What is the annual maintenance cost of the donation, if any? Yes No

Are there any other additional costs to the District? Yes No

[Signature]
(Signature of Donor)

For Central Office Use Only

Accepted by Superintendent: [Signature]
Signature

9/13/24
Date

Accepted by Board of Education on: _____
Date