



Donations and/or Gifts

(solicited donations must be approved prior to contacting Donors)

Student Group/Employee receiving donation: BISD Tiger Band

Sponsor: _____

Donor:

Name: Roy and Claudia Falcon

Address: _____

Phone: _____

Email Address: _____

Donated *items*:

List item(s) donated: _____

Value of donated items: _____

How will these items be used? _____

Donated *Monetary amount*:

How much was donated: \$ 300.00

Intended use of monetary donation: BISD Tiger Band

How will the funds be used? BAND Advancing Costs (meals, Transportation)

Is this donation expressly made conditional upon the District's use for a specified purpose? If yes, please explain: _____

Reviewed by:

Principal

Date:

Approved (per CDC(LOCAL)-A):

[Signature] 10/28/25

Superintendent Date:

If conditional, board approval is required: Board Approved date: ____/____/____