

Office of the Superintendent Madison Public Schools Madison, CT 06443

## 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. Donations valued in excess of \$1,000 must be approved by the Board of Education. (Reference Policy #3281)

Date Form Completed: 6/16/2022	
Organization / Individual Making Donation: Ryerson PTO	
Address: Ryerson PTO c/o K.H Ryerson Elementary School 982 Durham Road Madison, Connecticut 06443 (Street, City, State, Zip)	
Daytime Phone #	
Description of Donation / Gift: Check Approximate Value: \$11,200.00	
Explain how this gift will be used: Used to purchase picnic tables, recess equipment and field trips	
Monetary Gift: Explain how the funds will be used:	
Recipient(s) of Donation (school, athletics program, etc.): K.H. Ryerson Elementary School Classroom Teachers	
Acknowledgments: (optional)	
In honor of:	
In memory of:	
Acknowledgement Contact: Jen Gordon - President	
Acknowledgement Address: 34 Lenore Drive	
Madison, Connecticut 06443	
This request cannot be acted upon before the building Principal / Assistant Principal, Athletic Director, Superintendent has been consulted concerning this gift. Please provide the name of the person with whom consulted.  Signature of Person Consulted:	
Are there conditions of use attached to the gift:  Yes No   No   The second state of the second state of the second secon	
If yes, please explain conditions: purchase 4 picnic tables, recess equipment and help offset costs of field trips	
Are there installation costs, site preparation costs, labor costs, or equipment need for installation, etc? <u>no</u>	
If yes, who will be responsible for the costs? N/A	
What is the annual maintenance cost of the donation if any? (be specific) N/A	
Are there additional costs to the school district not indicated above? (be specific) N/A	
(Signature of Donor)	
For Central Office Use Only	***
Accepted by Superintendent:	
Signature Date  Accepted by Board of Education on:	

Date