CROSSLAKE
COMMUNITY SCHOOL

CCS Donation Form

DONOR INFORMATION

Date: 8/

Donor/Organization Name: Lakeshore Construction

Contact Person (if organization): Kim Ebnet

Address: 6707 Wild Acres Rd

City: Pequot Lakes **State:** MN **ZIP:** 56472

Phone: 218-838-7302 **Email:** lsc.rocks@outlook.com

Relationship to Crosslake Community School (if any):

[ ] Parent/Guardian

[ ] Staff Member

[X] Community Member

[ ] Business Partner

[ ] Other: _____

DONATION DETAILS

CROSSLAKE
COMMUNITY SCHOOL

Type of Donation:

[ ] Monetary

[X] In-Kind (goods or services)

[ ] Other: _____

For Monetary Donations: Amount: $_____

Payment Method:

[ ] Check (payable to Crosslake Community School)

[ ] Credit Card (please complete separate authorization form)

[ ] Electronic Transfer

[ ] Other: _____

For In-Kind Donations: Description of goods/services:

Delivery & Supply of Sandbox Sand

Estimated fair market value: $ 361.65

Donation Designation (Optional):

[ ] General School Support

[ ] Environmental Education Programs

[ ] Technology Improvements

[ ] Student Activities

[X] Specific Program/Project: SANDBOX

35808 County Road 66 ✦ P.O. Box 1020 ✦ Crosslake, Minnesota 56442
218-692-5437 ✦ www.crosslakekids.org

[ ] Other: _____

ACKNOWLEDGMENT AND RECOGNITION

Would you like to receive acknowledgement of your donation?

[ ] Yes

[X] No

How would you like to be acknowledged?

[ ] Letter/Email of Appreciation

[ ] Listed in School Newsletter/Website (name as it should appear): _____

[ ] Anonymous (no public recognition)

[ ] Other: _____

DONATION AGREEMENT

By signing below, I/we confirm that this donation is being made voluntarily and without expectation of any special consideration, privilege, or benefit for any student, family, or program at Crosslake Community School. I/we understand that all donations become the property of Crosslake Community School and will be used in accordance with school policies and Minnesota state law.

I/we further acknowledge that:

1. This donation complies with Minnesota Statutes Chapter 124E governing charter schools.
2. Crosslake Community School is a public charter school, and this donation will support its educational mission.
3. Donations may be tax-deductible as allowed by law (donors should consult with their tax advisor).

CROSSLAKE
COMMUNITY SCHOOL

4. The school's Board of Directors has final authority on the acceptance and use of donations.

Donor Signature: Kimberly Ebnet **Date:** 9/2/26

Print Name: Kimberly Ebnet

FOR SCHOOL USE ONLY

Donation Received by: Bud Roberts **Date:** 8/17/26
Position: Facilities Director
Donation Accepted: [X] Yes [ ] No
If not accepted, reason: _____
Board Approval Required: [ ] Yes [X] No
Date of Board Approval (if applicable): _____
Acknowledgment Sent: [ ] Yes [ ] No **Date:** _____
Recorded in Donation Register: [ ] Yes **Date:** _____
Additional Notes:

Crosslake Community School is a public charter school authorized under Minnesota Statutes Chapter 124E. Our mission is to grow environmentally literate, community-impacting learners of excellence.

Crosslake Community School

Mailing Address:
PO Box 1020
Crosslake, MN 56442

Phone:
218-692-5437

CROSSLAKE
COMMUNITY SCHOOL

Crosslake Community School – Environmentally Literate Learners

For questions regarding donations, please contact the District office.

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