



Donations and/or Gifts

(solicited donations must be approved prior to contacting Donors)

Student Group/Employee receiving donation: Tiger Band
Sponsor: _____

Donor:

Name: John Paul Schuster
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: \$ 100.00
Intended use of monetary donation: Tiger Band
How will the funds be used? _____

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] 11/5/21
Superintendent Date:

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