## **DONATION FORM**

| On behalf of Palestine HS (campus/department), I am asking that you approve the acceptance of the following items, which are being donated by: |                            |       |             |
|--|----------------------------|-------|-------------|
| Donor name   | The Gragg Foundation       | on    |             |
| Address  | P.O. Box 678               | -     |             |
|  | Palestine, Texas           | 75802 |             |
| Date   | May 21, 2018               | -     |             |
|  | Item(s) Donated            | Value |             |
|  | \$10,000.00 check          |       | ~-<br>-     |
|  |                            |       |             |
|  |                            |       | <del></del> |
| Purpose of the donation (specific use, if any): Scholarship for PHS student.   |                            |       |             |
| To be used to assist with college.   |                            |       |             |
|  |                            |       |             |
| Signature of Donor   |                            | *:    | Date        |
| Campus/Departmer   | nt Administrator Signature | -     | Date        |
| Streetintendent Sign   | Mushall                    | -     | 6/18/2018   |