NAVARRO INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR DONATION

Donor Name: American Legion Post 246 (Seguin)
Address: 618E. Kingsbury ST. Seguin Tx 78155
Phone: (830) 379-1079
Name, address, and contact information of person authorized by the donor to act on behalf of the donor regarding donation:
Name: Donald Ingram
Address: 764 Armadillo Dr. Seguin Tx 78155
Home Phone: (402) 639-7219
Description, value and purpose of the donation:
VIS ARTS Programs
Life of donation:
One-Time gift Provisions or restrictions placed on the donation: For H.S. Vis Apts
Terms and conditions for return of the donation to the donor if the donation has any time or use limitations:
Itemization of matching or additional funds or other costs that may be incurred by the District during and subsequent to the donation period:
Donor comments, instructions and/or requests regarding the proposed donation:



DATE ISSUED: 5/6/2011

LDU 2011.04 CDC (EXHIBIT)-X The signature of the donor indicates that he/she has conferenced with the campus principal and/or Superintendent's designee and has provided the information reflected in the responses to the prompts/questions.

Signature of Donor

Date

(or authorized signature if entity has a governing board)

Signature of Principal/Director

Date

THE BELOW SECTION TO BE COMPLETED BY THE SUPERINTENDENT

Does the donation create a program or condition that is inconsistent with District YES policies, philosophies or current plans or purposes?



Does the donation create costs to the District that are unreasonable or YES unsupportable?



Does the donation create a restriction on any other school or District program that YES is inconsistent with District policies, philosophies, or current or future plans or purposes?



Does the donation create a conflict with public law?

YES



Final Disposition:

APPROVED

DECLINED

Superintendent

Date