

Office of the Superintendent Madison Public Schools Madison, CT 06443

deposit to: Do 181JG/59003

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: 6-20-3 3
Organization / Individual Making Donation: Jeffrey School PTO
Address:
(Street) (City, State, Zip) Daytime Phone #
Description of Donation / Gift:Approximate Value: # (0,000)
Evaluin how this gift will be used?
Monetary Gift: Explain how the funds will be used: for electronic resources school wide, Scholastic News subscription school wide
Recipient(s) of Donation (school, athletics program, etc.):
Acknowledgments: (optional)
In honor of:
In memory of:
Acknowledgement Contact:
Acknowledgement Address:
This request cannot be acted upon before the building Principal / Assistant Principal, Athletic Director, or Superintendent has been consulted concerning this gift. Please provide the name of the person with whom you consulted. Signature of Person Consulted:
Are there conditions of use attached to the gift: Yes No
If yes, please explain conditions:
Are there installation costs, site preparation costs, labor costs, or equipment need for installation, etc?
What is the annual maintenance cost of the donation if any? (be specific)
Are there additional costs to the school district not indicated above? (be specific)
(Signature of Donor and print name)
For Central Office Use Only
Accepted by Superintendent: Signature Date
Accepted by Board of Education on: Date
TM6