



Gregory-Portland Independent School District Donation Form

The Gregory-Portland Independent School District Board Policy CDC (Legal) states that: A conveyance, devise, or bequest of property for the benefit of the public schools, if not otherwise directed by the donor, vests the property in the board or their successors as trustees for those to be benefited by the donation. Funds or other property donated or the income from the property may be spent by the trustees: 1) For any purpose designated by the donor that is in keeping with the lawful purposes of the schools for the benefit of which the donation was made; or 2) For any legal purpose if a specific purpose is not designated by the donor.

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Type: ☒ Cash/Check ☐ Gift Card ☐ Materials ☐ Equipment

Restrictions:

☐ Conditional (The Board delegates to the Superintendent the authority to accept unsolicited gifts on behalf of the District. However, any gift that the potential donor has expressly made conditional upon the District's use for a specified purpose, or any gift of real property, shall require Board approval.) ☒ Unconditional (No restrictions)

(If Conditional, describe restrictions below)

Donor Information:

Donor Name: Richard Cundiff Organization: Adrenaline
Address: 396 S SYCAMORE City: NEW BRAUNFELS State: TX Zip Code: 78130

Donated to: GPMS ATHLETICS

Cash Value of Donation or Market Value of Donated Property: \$33,264.90

Describe/Itemize Donated Property: RAISE 365 DONATION PLATFORM

Richard Cundiff
Donor Signature

10-29-2025
Date

To Be Completed by District Official

Approved by Principal/Director: [Signature]

Date: 11/6/25

(If donation is conditional OR value equal to or over \$1,000 the gift/bequest shall require Superintendent approval prior to accepting the donation)

Approved by Superintendent: [Signature]

Date: 12/3/2025

(If donation is conditional, the gift/bequest shall require Superintendent AND Board approval prior to accepting the donation)

Approved by Board of Trustees: _____

Date: _____

To Be Completed by Business Office

Receipt Date: _____

Receipt #: _____

Amount or Value Received: \$ _____

☐ Cash

☐ Check # _____

☐ Other Non-Cash

If Fixed Asset Item, Tag #: _____



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☒ **Unconditional** (No restrictions)

(If Conditional, describe restrictions below)

Donor Information:

Donor Name: Cheniere Energy Organization: Cheniere Energy

Address: 622 HWY 35 City: Gregory State: TX Zip Code: 78359

Donated to: Special Education

Cash Value of Donation or Market Value of Donated Property: \$ 30,000.00

Describe/Itemize Donated Property: _____

Nydia Marin 11/19/2025
Donor Signature Date

To Be Completed by District Official

Approved by Principal/Director: [Signature] Date: 12/3/2025

(If donation is conditional OR value equal to or over \$1,000 the gift/bequest shall require Superintendent approval prior to accepting the donation)

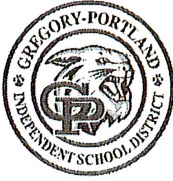
Approved by Superintendent: [Signature] Date: 12/3/2025

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Approved by Board of Trustees: _____ Date: _____

To Be Completed by Business Office

Receipt Date: _____ Receipt #: _____ Amount or Value Received : \$ _____
[] Cash [] Check # _____ [] Other Non-Cash If Fixed Asset Item, Tag #: _____



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(If Conditional, describe restrictions below)

Donor Information:

Donor Name: Devan Salter- President Organization: PTO
 Address: 4200 Wildcat City: Portland State: tx Zip Code: 78374
 Donated to: Middle School

Cash Value of Donation or Market Value of Donated Property: \$2977.39

Describe/Itemize Donated Property: Proceeds from Halloween Dance

Donor Signature: Date: 11-20-2025

To Be Completed by District Official

Approved by Principal/Director: Date: 11-21-2025

(If donation is conditional OR value equal to or over \$1,000 the gift/bequest shall require Superintendent approval prior to accepting the donation)

Approved by Superintendent: Date: 12/3/2025

(If donation is conditional, the gift/bequest shall require Superintendent AND Board approval prior to accepting the donation)

Approved by Board of Trustees: _____ Date: _____

To Be Completed by Business Office

Receipt Date: _____ Receipt #: _____ Amount or Value Received : \$ _____

[] Cash [] Check # _____ [] Other Non-Cash If Fixed Asset Item, Tag #: _____



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(If Conditional, describe restrictions below)

Donor Information:

Donor Name: Laura Cantwell for PNBLC Organization: Portland North Bay Lions Club

Address: PO Box 669 City: Portland State: TX Zip Code: 78374

Donated to: all GPISD 3rd Grade students

Cash Value of Donation or Market Value of Donated Property: \$ 1,452.00

Describe/Itemize Donated Property: "A Student's Dictionary" (thru The Dictionary Project)

Laura Cantwell
Donor Signature

11/20/25
Date

To Be Completed by District Official

Approved by Principal/Director: _____ Date: _____

(If donation is conditional OR value equal to or over \$1,000 the gift/bequest shall require Superintendent approval prior to accepting the donation)

Approved by Superintendent: mcavara Date: 11/20/2025

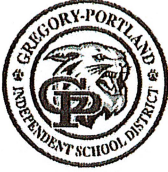
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Approved by Board of Trustees: _____ Date: _____

To Be Completed by Business Office

Receipt Date: _____ Receipt #: _____ Amount or Value Received : \$ _____

☐ Cash ☐ Check # _____ ☐ Other Non-Cash If Fixed Asset Item, Tag #: _____



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(If Conditional, describe restrictions below)

Donor Information:

Donor Name: Dr. George Liras Organization: Christus Health

Address: 2606 Hospital Blvd City: Corpus Christi State: TX Zip Code: 78414

Donated to: Gregory-Portland Middle School

Cash Value of Donation or Market Value of Donated Property: \$1420

Describe/Itemize Donated Property: _____

10/3/2025
Donor Signature Date

To Be Completed by District Official

Approved by Principal/Director: Date: 10/7/25

(If donation is conditional OR value equal to or over \$1,000 the gift/bequest shall require Superintendent approval prior to accepting the donation)

Approved by Superintendent: Date: 12/3/2025

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Approved by Board of Trustees: _____ Date: _____

To Be Completed by Business Office

Receipt Date: _____ Receipt #: _____ Amount or Value Received : \$ _____

[] Cash [] Check # _____ [] Other Non-Cash If Fixed Asset Item, Tag #: _____



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(If Conditional, describe the restrictions below)

Donor Information:

Donor Name: Dr. James Cantu Organization: Physician's Premier

Address: 1860 Hwy 181 Suite C City: Portland State: Tx Zip Code: 78374

Donated to: G-PSD

Cash Value of Donation or Market Value of Donated Property: \$1,120

Describe/Itemize Donated Property: _____

Donor Signature [Signature]

Date 10-10-2025

To Be Completed by District Official

Approved by Principal/Director: [Signature] Date: 10/22/25

(If donation is conditional OR value equal to or over \$1,000 the gift/bequest shall require Superintendent approval prior to accepting the donation)

Approved by Superintendent: [Signature] Date: 12/3/2025

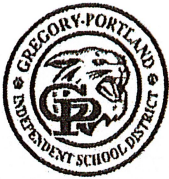
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Approved by Board of Trustees: _____ Date: _____

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Receipt Date: _____ Receipt #: _____ Amount or Value Received: \$ _____

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Donor Information:

Donor Name: Dr. Ben Supnet Organization: _____

Address: 111 BAY POINT DR City: PORTLAND State: TX Zip Code: 75374

Donated to: GP-ISO

Cash Value of Donation or Market Value of Donated Property: \$1,000

Describe/Itemize Donated Property: MEAL SERVICES

Donor Signature _____

Date 10/2/25

To Be Completed by District Official

Approved by Principal/Director: _____ Date: 10/17/25

(If donation is conditional OR value equal to or over \$1,000 the gift/bequest shall require Superintendent approval prior to accepting the donation)

Approved by Superintendent: MCANIS Date: 12/3/2025

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Approved by Board of Trustees: _____ Date: _____

To Be Completed by Business Office

Receipt Date: _____ Receipt #: _____ Amount or Value Received: \$ _____

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☒ **Unconditional** (No restrictions)

(If Conditional, describe restrictions below)

Donor Information:

Donor Name: Jessica Rodriguez Organization: Walmart

Address: 314 Erie Dr. City: Portland State: TX Zip Code: 78374

Donated to: GPMS

Cash Value of Donation or Market Value of Donated Property: \$ 0.00 \$1649.00

Describe/Itemize Donated Property: hooded sweatshirts

[Signature]
Donor Signature

9/5/25
Date

To Be Completed by District Official

Approved by Principal/Director: John Trevino Date: 9/8/25

(If donation is conditional OR value equal to or over \$1,000 the gift/bequest shall require Superintendent approval prior to accepting the donation)

Approved by Superintendent: mcgys Date: 12/3/2025

(If donation is conditional, the gift/bequest shall require Superintendent AND Board approval prior to accepting the donation)

Approved by Board of Trustees: _____ Date: _____

To Be Completed by Business Office

Receipt Date: _____ Receipt #: _____ Amount or Value Received : \$ _____

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