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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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charitable contributions according to	the IRS Code Section 170(e)	0).	
Type: O Cash/Check	Gift Card	O Materials	C Equipment
Restrictions:		第15年11月	A Control of the Cont
Conditional (The Bour accept ansoluted gifts on be potential dottor, hav expressly specified purpose, or any gift (If Conditional, describe res	rd delegates to the Superintendent shalf of the District. However, made conditional upon the Di- of real property, shall require Ho- trictions below)	t the authority to papy gift that the strong successfor a serior a grown and approval.)	nconditional (No restrictions)
Donor Information:			
Donor Name: Richard C	undiff	Organization: A	drenaline
Address: 396 S SYCAM	ORE City; NEW		TX Zip Code: 78130
Donated to: GPMS ATH			
Cash Value of Donation or M Describe/Itemize Donated Pro	Design to the second se	ed Property 33, 24	,4.90 DRM
Kicken Cunde		10-29-20	25
Donor Signature		Date	
Approved by Principal/Director: (If ikmunas is conditional OR value equal to Approved by Superintendent:	Line of the Control o	Da	ne:11/6/23
	THE REPORT OF THE PERSON OF TH	A COMPANY OF THE PROPERTY OF THE PARTY OF TH	CONTRACTOR AND
Ill doration is conditional, the affiliacyusists Approved by Board of Trustees:	All require Superintendent AND	Board approval prior to accept	ing the donation)
Receipt Date:	To Be Completed by 1		
[] Cash [] Check #	ceipt #	Amount or Value Rec	gived : \$



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Type:	Cash/Check	Gift Card	Materials	Equipment	
Restrict	ions:				
0	Conditional (The Boa accept unsolicited gifts on b potential donor has expressl specified purpose, or any gift	rd delegates to the Superintender ehalf of the District. However, made conditional upon the Do of real property, shall require Bo	at the authority to any gift that the istrict's use for a bard approval.)	Unconditional (No restrictions)	
	(If Conditional, describe res	trictions below)			
Donor I	nformation:				
Donor N	I _{ame:} Cheniere	Energy	Organization:	Cheniere Energy	
				e: <u>TX</u> Zip Code: <u>78359</u>	
Donated	to: Special Ed	ucation			
Cash Value of Donation or Market Value of Donated Property: \$30,000.00					
Describe	e/Itemize Donated P	roperty:			
	dia Marin ignature		11/19/2		
Donor S	ignature		Date		
Approved	by Principal/Director:	To Be Completed by		Date: 12/3/2005	
(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: Meanges Date: 18/3/2025					
		shall require Superintendent AN			
Approved by Board of Trustees: Date:					
To Be Completed by Business Office					
		eceipt #:		Received: \$	
[] Cash	[] Check #	[] Other Non-Cas	ii Fixed Asset Itei	m, Tag #:	



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Type: Cash/Check	Gift Card	Materials	Equipment
Restrictions:			
Conditional (The accept unsolicited gifts of potential donor has exprespecified purpose, or any	Board delegates to the Superintender on behalf of the District. However, essly made conditional upon the Digift of real property, shall require Bo	at the authority to any gift that the istrict's use for a pard approval.)	Unconditional (No restrictions)
(If Conditional, describe	e restrictions below)		
Donor Information:			
Donor Name: Devan S	Salter- President	Organization: _	PTO
			: <u>tx</u> Zip Code: <u>78374</u>
Donated to: Middle Sc	hool		
Cash Value of Donation of	or Market Value of Dona	ated Property:	\$2977.39
Describe/Itemize Donate	Proceeds fr	om Halloween Dan	ce
Donor Signature	Jaku	_//	20-2025
Approved by Principal/Director	To Be Completed b		Date: 11-2/7 202
(If donation is conditional OR value of Approved by Superintendent:			pproval prior to accepting the donation) Date:/a_/_3_/
(If donation is conditional, the gift/bed	nuest Mall require Superintendent Al	ND Board approval prior to acc	cepling the donation)
Approved by Board of Trustee	l		Date:
	To Be Completed b	•	
Receipt Date:	Receipt #:		Received: \$
[] Cash [] Check #	[] Other Non-Ca	sh If Fixed Asset Item	, Tag #:



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	Cash/Check	Gift Card	Materials	Equipment
Restric	ctions:			
	Conditional (The Boa accept unsolicited gifts on be potential donor has expressl specified purpose, or any gift	rd delegates to the Superintende ehalf of the District. However y made conditional upon the E of real property, shall require B	ent the authority to , any gift that the District's use for a loard approval.)	Jnconditional (No restrictions)
	(If Conditional, describe res			
Donor	Information:			
Donor	Name: Laura Car	ntwell for PNBLC	Organization: P	ortland North Bay Lions Club
				<u>TX</u> Zip Code: <u>78374</u>
		3rd Grade s		
Cas k -V	alue of Donation or	Market Value of Don:	ated Property:	\$ 1,452.00
Describ	pe/Itemize Ponated P	"A Student"	s Dictionary" (thru T	he Dictionary Project)
Phil	ra Contr	401	11/20/2	25
Donor :	Signature		Date	
		To Be Completed b	y District Official	
Approve	d by Principal/Director:			Date:
(If donatio	n is conditional OR value equa	to or over\$1,000 the gift/beques.	t shall require Superintendent app	proval prior to accepting the donation,
Approve	d by Superintendent:	margos		Date: 11/20/2025
			ND Board approval prior to acce	
Approve	d by Board of Trustees:			Date:
		To Be Completed b	y Business Office	
Receipt I	Date: F	Receipt #:	Amount or Value R	eceived: \$
Cast	1 Check #	Other Non-Ca	ash If Fixed Asset Item,	Tag #:



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Service (I	RS) Code Section 501(c		ct is considered a tax-ex	entity under the Internal Revenue empt organization that may receive
Type:	Cash/Check	Gift Card	Materials	Equipment
Restrict	tions:			
0	Conditional (The Boar accept unsolicited gifts on b potential donor has expressly specified purpose, or any gift	rd delegates to the Superintendent ehalf of the District. However, an y made conditional upon the Dist of real property, shall require Boar	the authority to ny gift that the rict's use for a rd approval.)	nconditional (No restrictions)
	(If Conditional, describe res	strictions below)		
				, , , , , , , , , , , , , , , , , , , ,
Donor I	nformation:			
Donor N	Jame: Dr. George	e Liras	Organization: C	hristus Health
Address	2606 Hospita	ıl Blvd City: Corp	ous Christi State:	TX Zip Code: <u>78414</u>
Donated	Gregory-Po	ortland Middle So	chool	
		Market Value of Donate		
Describe	e/Itemize Donated P	roperty:		
	Estina	· · · · · · · · · · · · · · · · · · ·	10/3/202	5
Donor S	ignature		Date	
Approved	by Principal/Director:	To Be Completed by	District Official D	ate: 10/7/25
(If donation	is conditional OR value equal	to or over \$1,000 the gift/bequest sh	all require Superintendent appi	roval prior to accepting the donation)
		mayays		
(If donation Approved	is conditional, the gift/bequest by Board of Trustees:	shall reguire Superintendent AND	Board approval prior to accep D	oting the donation) ate:
		To Be Completed by		
Receipt Da	ate: R			cceived : \$
[] Cash	[] Check #	[] Other Non-Cash	If Fixed Asset Item,	Гаg #:



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Service (IRS) Code Section 501(c) (3). However, the District charitable contributions according to the IRS Code Section 170(c) (1).	is considered a fax-exempt organization that may receive
	Materials Equipment
Restrictions:	A Company of the Comp
Conditional (The Board delegates to the Superintendent the accept unsolicited gifts on hehalf of the District. However, any potential donor has expressly made conditional upon the District specified purpose, or any gift of real property, shall require Board a	authority to ciff that the s use for a pproval.) Unconditional (No restrictions)
(If Conditional, describe restrictions below)	
Donor Information:	
Donor Name: Dr. James Cantu	Organization: <u>fremier</u>
Address: 1860 Hwy 181 Suite Caity: Pertle Donated to: G-PISD	
Cash Value of Donation or Market Value of Donated	
Describe/Itemize Donated Property:	
Donor Signature	10-10-2025
To Be Completed by Dis	relet Official
Approved by Principal/Director:	Date: 10/22/28
(If donation is conditional OR value equal to prover \$1,000 the gift/bequest shall a Approved by Superintendent:	equire Superintendent approval prior to accepting the donation) Date: 13,13035
(If donation is conditional, the gift/bequest shall require Superintendent AND Boo	ard approval prior to accepting the donation?
Approved by Board of Trustees;	Date:/
To Be Completed by Bus	
Receipt Date: Receipt #:	Amount or Value Received : \$
[] Cash [] Check # [] Other Non-Cash	If Fixed Asset Item, Tag #:

HINGEY 1



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Service (charitable	(IRS) Code Section 501(contributions according to t) (3). However, the District (3) (6) (6) (7) (7) (7) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	ict is considered a tax-6 (1).	exempt organization that may receive
Туре:	Cash/Check	Gift Card	Materials	Equipment
Restric	ctions:			
C	Conditional (The Boar accept unsolicited gifts on be potential donor has expressly specified purpose, or any gift	d delegates to the Superintendent half of the District. However, a made conditional upon the Dis of real property, shall require Boa	the authority to many gift that the strict's use for a ard approval.)	Unconditional (No restrictions)
	(If Conditional, describe res	rictions below)		
Donor	Information:			
Donor	Name: Dr. Ben Su	ıpnet	Organization:	
Addres	s: 111 BAYPOLA	TOK City: POR	CAND State:	Zip Code: 78374
Donate	ed to: <u>CP-15D</u>		· · · · · · · · · · · · · · · · · · ·	
Cash V	alue of Donation or N	Market Value of Donat	ed Property:	\$1,000
Describ	pe/Itemze Donated Pr	operty: MEDIEAL	SPRVICES	
/	1 m		10/2	-(15
Donot	Signature		Date	
Approve	d by Principal/Director:	To Be Completed by	District Official	Date: 10/7/25
Af donation	n is conditional OR value equal to	or over\$1,000 the gift/bequest sh	hall require Superintendent ap	proval prior to accepting the donation)
				Date: 12/3/2005
		hall require Superintendent ANI		
Approve	d by Board of Trustees:		I	Date:
To Be Completed by Business Office				
Receipt I	Date: Ro	ceipt #:	Amount or Value R	eceived : \$ Tag #;
i j casi	I CHECK #	[] Omer Non-Cash	it rixed Asset Hem,	18g #



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Service (IRS) Code Section 501(c) (3). However, the District is considered a tax-exempt organization that may receive charitable contributions according to the IRS Code Section 170(c) (1). **Materials** Type: Cash/Check Gift Card 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: <u>Jessica Rodriguez</u> Organization: <u>Walmart</u> Address: 314 Erie Dv. City: Portland State: TX Zip Code: 78374 Donated to: 6PMS Cash Value of Donation or Market Value of Donated Property: \$ 9.00 Describe/Itemize Donated Broperty: Nooded Sweetshir B Donor Signature To Be Completed by District Official Approved by Principal/Director: (If donation is conditional OR value equal to or over\$1,000 the gift/hequest shall require Superintendent approval prior to accepting the donation) (If donation is conditional, the gift/bequest shall require Superintendent AND Board approval prior to accepting the donation) Approved by Board of Trustees: To Be Completed by Business Office Amount or Value Received : \$_____ [] Cash [] Check #____ [] Other Non-Cash If Fixed Asset Item, Tag #: _____