



Donations and/or Gifts

(solicited donations must be approved prior to contacting Donors)

Student Group/Employee receiving donation: Football Parents
Sponsor: Ashley Sandora

Donor:

Name: Football Parents
Address: Po Box 1391
Phone: 563 7055
Email Address: _____

Donated items:

List item(s) donated: _____
Value of donated items: _____
How will these items be used? _____

Donated Monetary amount:

How much was donated: \$ 405
Intended use of monetary donation: Football playoffs charter bus
How will the funds be used? _____

Is this donation expressly made conditional upon the District's use for a specified purpose? If yes, please explain: _____

Reviewed by: _____

Principal _____ Date: _____

Approved (per CDC(LOCAL)-A):

[Signature]
Superintendent _____ Date: _____

If conditional, board approval is required: Board Approved date: 12/8/25