



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. The school principal may approve gifts to a school that are valued at \$500 to \$1,000 and meet criteria established by the administrative regulations established in accordance with this policy. Donations valued in excess of \$1,000 must be approved by the Board of Education. (Reference Policy #3281)

Date Form Completed: 12/15/2025

Organization / Individual Making Donation: The Madison Foundation

Address: P.O. Box 4460 Madison, CT, 06443
(Street, city, zip)

Phone #: 203-245-2796

Description of Donation / Gift and intended use: for Bermuda Trip
(B105 Program)

Approximate Value: \$10,000

RECEIVED

DEC 15 2025

Recipient(s) name: Elisa Brako

SUPERINTENDENT

Acknowledgements: (optional)

In honor/memory of: _____

Acknowledgement Contact: _____

Acknowledgement Address: _____

This request cannot be acted up on before the building Principal / Assistant Principal, Athletic Director, or Superintendent has been consulted concerning this gift. Please provide the name/signature of the person who was consulted.

Signature of Person Consulted: Elisa Brako

Are there conditions of use attached to the gift/donation: Yes No

If yes, please explain conditions: _____

Are there installation, site preparation, labor, or equipment costs needed for installation, etc.? Yes No
If yes, who is responsible for the costs? _____

What is the annual maintenance cost of the donation, if any? Yes No
Are there any other additional costs to the District? Yes No

Renee Pallenberg, The Madison Foundation Grants Chair
(Signature of Donor)

For Central Office Use Only

Accepted by Superintendent: _____

Signature

12/17/25

Date

Accepted by Board of Education on: _____
Date