



**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 #3181)

**RECEIVED**

**AUG 21 2025**

**SUPERINTENDENT**

Date Form Completed: August 18, 2025

Organization: Individual Making Donation: DHMS Girls Soccer Boosters

Address: 53 Green Hill Rd Madison CT 06443  
(Street, city, zip)

Phone: 863 623 3073

Description of Donation: Gift and intended use: Uniforms (Alternate)

Approximate Value: \$2,500.00

Recipient(s) name: Varsity Girls Soccer

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: [Signature] - Chris Farrell - Director of Athletics

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

\_\_\_\_\_  
(Signature of Donor)

**For Central Office Use Only**

Accepted by Superintendent: [Signature]  
Signature

8/21/25  
Date

Accepted by Board of Education on: \_\_\_\_\_  
Date