

NAVARRO INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR DONATION

Donor Name: Navarro High School PTA
Address: 5698 HWY 123
Phone: 830-372-1931

Name, address, and contact information of person authorized by the donor to act on behalf of the donor regarding donation:

Name: Jared Gallin
Address: 140 Oak Springs Drive, Seguin, TX 78155
Home Phone: Ø Cell Phone: 512-618-1704

Description, value and purpose of the donation: \$1,209.00
HS Teacher: staff shirts

Life of donation: 1 year

Provisions or restrictions placed on the donation: Ø

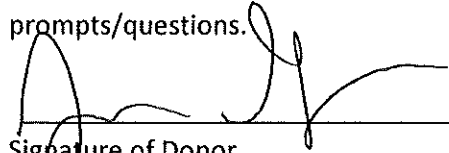
Terms and conditions for return of the donation to the donor if the donation has any time or use limitations: Ø

Itemization of matching or additional funds or other costs that may be incurred by the District during and subsequent to the donation period: Ø

Donor comments, instructions and/or requests regarding the proposed donation:

Go Panthers!

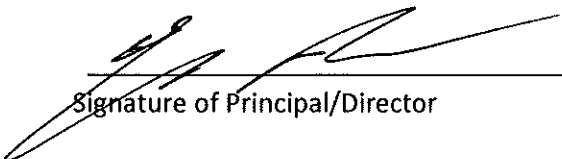
The signature of the donor indicates that he/she has conferenced with the campus principal and/or Superintendent's designee and has provided the information reflected in the responses to the prompts/questions.



Signature of Donor
(or authorized signature if entity has a governing board)

8/5/26

Date



Signature of Principal/Director

8/5/26

Date

.....
THE BELOW SECTION TO BE COMPLETED BY THE SUPERINTENDENT

Does the donation create a program or condition that is inconsistent with District policies, philosophies or current plans or purposes? YES

NO

Does the donation create costs to the District that are unreasonable or unsupportable? YES

NO

Does the donation create a restriction on any other school or District program that is inconsistent with District policies, philosophies, or current or future plans or purposes? YES

NO

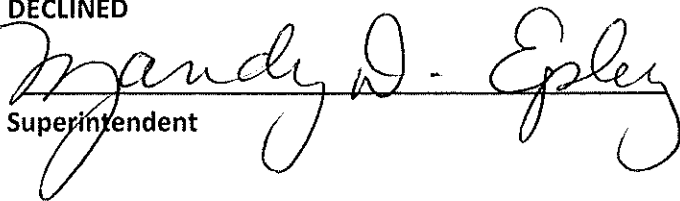
Does the donation create a conflict with public law? YES

NO

Final Disposition:

APPROVED

DECLINED



Superintendent

8/5/26

Date