

Office of the Superintendent Madison Public Schools Madison, CT 06443

## Deposit \$4,500 to DOISTF 159003 Deposit \$1,730 to DOISTG 59003

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. Donations valued in excess of \$1,000 must be approved by the Board of Education. (Reference Policy #3281)

Date Form Completed: 8-16-23
Organization / Individual Making Donation: Jeffrey PTO
Address:
(Street) (City, State, Zip)
Daytime Phone #
Description of Donation / Gift: Check Approximate Value: *16, 230. Explain how this gift will be used? For field trys 3rd gr. typus club + reces
Explain how this gift will be used? For field Trys 3" gr. typus club + veres
Monetary Gift: Explain how the funds will be used:
Recipient(s) of Donation (school, athletics program, etc.):
Acknowledgments: (optional)
In honor of:
In memory of:
Acknowledgement Contact:
Acknowledgement Address:
Superintendent has been consulted concerning this gift. Please provide the name of the person with whom you consulted.  Signature of Person Consulted: Yes No  Are there conditions of use attached to the gift: Yes No
If yes, please explain conditions:
Are there installation costs, site preparation costs, labor costs, or equipment need for installation, etc?  If yes, who will be responsible for the costs?
What is the annual maintenance cost of the donation if any? (be specific)
Are there additional costs to the school district not indicated above? (be specific)
(Signature of Donor and print name)
For Central Office Use Only
Accepted by Superintendent:  Signature  Signature  Date
Accepted by Board of Education on:  Date