



## 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: 1.27.26  
Organization / Individual Making Donation: Neck River PTO  
Address: c/o Neck River Elementary School, 180 Mungertown Road, Madison CT 06443  
Phone #: 203-245-6460

Description of Donation / Gift and intended use: total dollar amount to be used to fund Scholastic, World Book and PebbleGo subscriptions

Experiences: \_\_\_\_\_

Approximate Value: \$3,850.00 To be deposited in Neck River Donation Account

DOI181NG-59003

Recipient(s) name: Neck River Elementary School

RECEIVED

JAN 29 2026

Acknowledgements: (optional)

In honor/memory of: \_\_\_\_\_

Acknowledgement Contact: Neck River PTO

Acknowledgement Address: 180 Mungertown Road, Madison, CT 06443

***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: Rebecca Lust

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

If yes, please explain conditions: total dollar amount to be used to fund Scholastic, World Book and PebbleGo Subscriptions

Are there installation, site preparation, labor, or equipment costs needed for installation, etc.? Yes No

If yes, who is responsible for the costs? n/a

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 Date

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

Date