

## ROBSTOWN INDEPENDENT SCHOOL DISTRICT DONATION ACCEPTANCE FORM

Donor Name:	onor Name: State Rep. Denise Villalobas						
Donor Address:							
City, State:	10330 Kings	oury Drug	CUITX	Zip:	78410		
Phone:	361-726-5	334					
Date Items/Cash				13.836			
Donated:	Feb. 26.	2025					
Group/Campus			Sponsor/Teach	ier:			
Receiving Donation:	Communicat	easi	K. Alejand	ro			
Value of Donation:		Cash		Goods			
For donations of supplies/equipment, please give a description of the items donated. (Model number, serial number, brand, etc.)							
MGs Pizza donation of \$150 for town hall heeting.							
Specify any RISD servaccept donation; including construction, modific	uding installation,						

## APPROVAL REQUIRED FOR ALL GIFTS

## Per RISD Board Policy CDC:

- 1. A potential donor wishing to donate to the District money, materials, services, or equipment shall seek prior approval of the proposed gift by submitting this form for consideration by the District.
- 2. Any gift that is given to a school or program of the District shall become the property of the District.
- 3. Any gift given without a specific use or designation may be allocated, at the discretion of the Superintendent or designee, for use by any school or program.

	Signature	Date	Approved Denied
Principal/Director	dad S.	2/24/25	
Business Manager			
Superintendent	May my	2.27.25	