Donations and/or Gifts

(solicited donations must be approved prior to contacting Donors)

Student Group/Employee receiving donation: One Act Play
Sponsor: _____

Donor:

Name: Lisa Conoly
Address: _____
_____
Phone: _____
Email Address: _____

Donated *items*:

List item(s) donated: Assorted Furniture
Value of donated items: _____
How will these items be used? _____

Donated *Monetary amount*:

How much was donated: $_____
Intended use of monetary donation: _____
How will the funds be used? _____

Is this donation expressly made conditional upon the District's use for a specified purpose? If yes, please explain: Used in One Act Play

Reviewed by:

_____
Principal Date:

Approved (per CDC(LOCAL)-A):

Eliza Diaz
Superintendent Date:

If conditional, board approval is required: Board Approved date: 3 / 9 / 26

Revised: 4/15/2025