



Non-Solicited Donations/Gifts

(solicited donations must be approved prior to contacting Donors)

RECEIVED
MAY 08 2025
CENTRAL OFFICE

Student Group/Employee receiving donation: Project Graduation
Sponsor: _____

Donor:

Name: Jacobed Pena
Address: 413 East Veltman St
Phone: 830-765-2333
Email Address: JOCABEDPENA46@GMAIL.COM

Donated *items*:

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

Donated *Monetary amount*:

How much was donated: \$30.00
Intended use of monetary donation: Project Graduation
How will the funds be used? Project Graduation

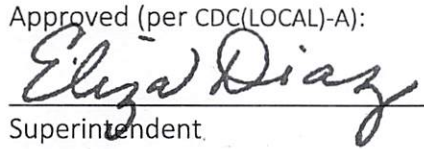
Is this donation expressly made conditional upon the District's use for a specified purpose? If yes, please explain: _____

Reviewed by:

Principal

5/7/25
Date:

Approved (per CDC(LOCAL)-A):

Superintendent

Date:

If conditional, board approval is required: Board Approved date: 5/12/25