



Office of the Superintendent
Madison Public Schools
Madison, CT 06443

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: 1/27/2023

Organization / Individual Making Donation: Ryerson PTO

Address: Ryerson PTO

982 Durham Road

Madison, Connecticut 06443

(Street, City, State, Zip)

Daytime Phone # 203-930-8014

Description of Donation / Gift: Donation Approximate Value: \$4,000.00

Explain how this gift will be used: Deposit in Ryerson Bank Account to help offset cost of student field trips

Monetary Gift: Explain how the funds will be used: _____

Recipient(s) of Donation (school, athletics program, etc.): Ryerson School

Acknowledgments: (optional)

In honor of:

In memory of: _____

Acknowledgement Contact: Erica McMillian, PTO President

Acknowledgement Address: 982 Durham Road, Madison, CT 06443

This request cannot be acted upon before the building Principal / Assistant Principal, Athletic Director, or Superintendent has been consulted concerning this gift. Please provide the name of the person with whom you consulted.

Signature of Person Consulted: Kelly K. Spears

Are there conditions of use attached to the gift: Yes ☒ No ☐

If yes, please explain conditions: money to be used to help pay for costs of student field trips.

Are there installation costs, site preparation costs, labor costs, or equipment need for installation, etc? NO

If yes, who will be responsible for the costs? N/A

What is the annual maintenance cost of the donation if any? (be specific) N/A

Are there additional costs to the school district not indicated above? (be specific) N/A

(Signature of Donor)

For Central Office Use Only

Accepted by Superintendent: [Signature]

Signature

1/31/23
Date

Accepted by Board of Education on: _____

Date