



Donations and/or Gifts

(solicited donations must be approved prior to contacting Donors)

Student Group/Employee receiving donation: Brackett ISD - Athletic Department

Sponsor: _____

Donor:

Name: Uvalde Memorial Hospital
Address: 1025 Coarner Field Rd.
Uvalde, TX 78801
Phone: 830-278-60251 - ext 1452
Email Address: L.Carnates@UMH TX.ORG

Donated items:

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

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: _____

Reviewed by:

Principal

Date:

Approved (per CDC(LOCAL)-A):

Eliza Diaz

Superintendent

Date:

If conditional, board approval is required: Board Approved date: ____/____/____