

"A State, a possession of the United States, or any political subdivision of any of the foregoing, or the United States or the District of Columbia, but only if the contribution or gift is made for exclusively public purposes."

The District may receive charitable contributions if they are for public purposes, such as benefiting a group and not an individual. Contributions may be made to the District, District schools, District departments, or various District groups and clubs. These charitable contributions are deductible by the contributor on their tax return. The federal identification number of Duncanville Independent School District is #75-6001336.

Name of Contributor (Company or Person)	Accident & Injury Pain Cente	ers, Inc.
Address	200 Wynnewood Village	
	Dallas,TX 75224	
Contact Name / Phone Number	Dr. Lou Saucedo	/ (214) 946-7246 Extension
through the contribution of: Monetary donation of \$2,000.00 for	DHS Football Playoff meal	
Does Contributor give permission for This support will assist the District in	Board recognition:	YES NO he educational environment.
Angela L. Davis Henry	Director of	Partnerships & Engag
Print Name of District Employee Receiving the	Contribution Title of Distric	et Employee
Communications & PR Departm	Solar Coll	18 Nov. 2024
School or Location / Department	Signature of District Em	ployee Date
	CON DIST	COPIES FOR THE FOLLOWING: TRIBUTOR RICT FINANCE OFFICE SON RECEIVING CONTERRUTION



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Duncanville Independent School Distric	t greatly app	preciates the support	of:
Name of Contributor (Company or Person)	Acton Eleme	ntary PTA	
Address	7095 W. Who	eatland Rd.	
	Dallas, TX 7	'5249	
Contact Name / Phone Number	Michelle A	rnold /972	-708-2400
through the contribution of: \$210.00			
Help with cost of field trip			
Description of Item(s) Contributed and/o	or Monetary Co	ntribution Received. *Pleas	se add est, value if unknown.
Does Contributor give permission for This support will assist the District in			NO tional environment.
Jessica Linwood		Campus Principal	
Print Name of District Employee Receiving the	Contribution	Title of District Employe	2
C. Acton Leadership Academy	A	ho	4-1-25
School or Location / Department	Signatur	e of District Employee	Date



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Duncanville Independent School Distric	t greatly ap	preciates the support	of:
Name of Contributor (Company or Person)	Duncanville IS	D Education Foundation	
Address		atland Rd., Suite 180	
	Duncanville, T	X 75116	
Contact Name / Phone Number	Vicki Smith	1 / 214	1-734-6852
through the contribution of:			
Book Vending Machine - \$6,140.00	1		
This support will assist the District in Angela L. Davis Henry	continuing	to improve the educa	
Print Name of District Employee Receiving the	Contribution	Title of District Employe	<u> </u>
Duncanville ISD Administration	Splack	Dalleon	28 March 2025
School or Location / Department	Signatur	e of District Employee	Date
		PLEASE MAKE COPIES FO CONTRIBUTOR DISTRICT FINAN	



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Please note, contributions made to various parent or community organizations, such as PTOs and Booster Clubs, are <u>not</u> contributions to the District. Since these organizations are separate entities from the District, the District's tax-exempt status does not apply to these organizations. These organizations must apply for their tax-exempt status under IRS Code Section 501(c)(3). Evidence of their tax-exempt status would be a Determination Letter from the IRS. When a PTO or Booster Club donates monetary or non-monetary items to the District, then the donation is considered a contribution to the District.

Name of Contributor (Company or Person) Address Name of Contributor (Company or Person) Address
Contact Name / Phone Number VICKI SMIM /
Description of Item(s) Contributed and/or Monetary Contribution Received
Does Contributor give permission for Board recognition: YES NO
This support will assist the District in continuing to improve the educational environment.
Print Name of District Employee Receiving the Contribution Signature of District Employee SULAL WORKER Title of District Employee School or Location / Department Work Date

PLEASE MAKE COPIES FOR THE FOLLOWING:
CONTRIBUTOR
DISTRICT FINANCE OFFICE

PERSON RECEIVING CONTRIBUTION



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Duncanville Independent School Distric	t greatly ap	preciates the support of	:
Name of Contributor (Company or Person)	Frost Bank		
Address	150 E Hwy 6	7, Ste.110	
	Duncanville,	TX 75137	
Contact Name / Phone Number	Mark D. C	ooks / 214 5	15 4507
through the contribution of:			
Twenty (20) Starbucks Gift Cards: \$	\$100		
This support will assist the District in	continuing	to improve the education	onal environment.
Angela L. Davis Henry		Director of Partnershi	ps and Eng
Print Name of District Employee Receiving the Duncanville ISD Administration	Contribution	Title of District Employee	15 Jan 2025
School or Location / Department	Signatur	e of District Employee	Date
		PLEASE MAKE COPIES FOR TO CONTRIBUTOR DISTRICT FINANCE PERSON RECEIVING	OFFICE



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Duncanville Independent School Distric	t greatly ap	preciates the support of	f:
Name of Contributor (Company or Person)	Redbird Skateland		
Address	1206 N. Duncanville Road		
	Duncanville, T	X 75116	
Contact Name / Phone Number	Gil Hudso	n / 972-2	298-8484
through the contribution of:			
Twenty (20) Skating Passes: \$200		····	<u>. </u>
This support will assist the District in Angela L. Davis Henry	continuing	to improve the education	
Aligeia L. Davis Herliy			ips and Eng
Print Name of District Employee Receiving the	Contribution	Title of District Employee	
Duncanville ISD Administration	Smlo	L. La Alenny	15 Jan 2025
School or Location / Department	Signatui	re of District Employee	Date
		PLEASE MAKE COPIES FOR CONTRIBUTOR DISTRICT FINANCE DEFENON RECEIVIN	E OFFICE



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Duncanville Independent School District greatly appreciates the support of:
Name of Contributor (Company or Person) Address
Contact Name / Phone Number Teknal Spak 100/2 214-809-2053
Description of Item(s) Contributed and/or Monetary Contribution Received
Does Contributor give permission for Board recognition: YES NO
This support will assist the District in continuing to improve the educational environment.
Print Name of District Employee Receiving the Contribution Signature of District Employee Title of District Employee School or Location / Department Date

PLEASE MAKE COPIES FOR THE FOLLOWING: CONTRIBUTOR

DISTRICT FINANCE OFFICE
PERSON RECEIVING CONTRIBUTION