

"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.

Duncanville Independent School Distric	t greatly ap	preciates the support of	•
Name of Contributor (Company or Person)	Scooter's Co	ffee	
Address	700 W Camp	Wisdom Rd	
	Duncanville,	TX 75116	
Contact Name / Phone Number	Mark Thor	nas / (877)	719-1288
through the contribution of:			
250 gift cards (\$1,838.00)			
This support will assist the District in Angela L. Davis Henry	continuing	Director of Partnershi	
Print Name of District Employee Receiving the	Contribution	Title of District Employee	_
Plaza/Communications Dept.	Inala	X Dalm	20 May 2025
School or Location / Department	Signatur	re of District Employee	Date
		PLEASE MAKE COPIES FOR ' CONTRIBUTOR DISTRICT FINANCE PERSON RECEIVIN	OFFICE



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Duncanville Independent School Distric	t greatly app	reciates the support o	of:
Name of Contributor (Company or Person)	Crunch Fitnes	s	
Address	2350 Discove	ry Blvd.	
	Apt. 5301		
Contact Name / Phone Number	Jessica Alle	en / 678-	340-7551
through the contribution of:			
Two one-year gym memberships (\$	895.66)		
This support will assist the District in Angela L. Davis Henry	continuing (to improve the educat Director of Partnersl	
Print Name of District Employee Receiving the	Contribution	Title of District Employee	
Plaza/Communications Departm	Spolad	X De Vans	20 May 2025
School or Location / Department	Signature	of District Employee	Date
		PLEASE MAKE COPIES FOR CONTRIBUTOR DISTRICT FINANC PERSON RECEIVI	



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Name of Contributor (Company or Person)	Gary and Barbara Blevins Scholarship Fund, Inc.		
Address	4080 Richard Dr.		
	Midlothian, TX 76065-2394		
Contact Name / Phone Number	G. Randall Blevins, Presid/540-220-8934 (cell)		
hrough the contribution of:			
Check for 2025 Hustle Award in the	he amount of \$5,000.00		
Description of Item(s) Contributed and/o	or Monetary Contribution Received. *Please add est. value if unk		
Does Contributor give permission for	Board recognition: VES NO		
Does Contributor give permission for	Board recognition: YES NO		
	Board recognition: YES NO continuing to improve the educational environment		
This support will assist the District in	Accountant		
This support will assist the District in Lorine Rich	Accountant		
This support will assist the District in Lorine Rich Print Name of District Employee Receiving the	Accountant Contribution Title of District Employee		
This support will assist the District in Lorine Rich Print Name of District Employee Receiving the	Accountant Contribution Title of District Employee		
This support will assist the District in Lorine Rich Print Name of District Employee Receiving the Fincance	Accountant Contribution Title of District Employee Signature of District Employee Date PLEASE MAKE COPIES FOR THE FOLLOWING:		
This support will assist the District in Lorine Rich Print Name of District Employee Receiving the Fincance	Accountant Contribution Title of District Employee Signature of District Employee Date		



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	0 11	ciates the support o	1:
Name of Contributor (Company or Person)	Tom and Sherry	Kennedy	
Address			
Contact Name / Phone Number	Tom Kennedy	/ / 214-	808-1258
through the contribution of: Food donation valued at \$300.00			
Description of Item(s) Contributed and/o Does Contributor give permission for This support will assist the District in	Board recogni	tion: YES	NO
Rhonda Cole	Sc	chool Social Worke	er
			
Print Name of District Employee Receiving the	Contribution Ti	tle of District Employee	
Print Name of District Employee Receiving the Panther Pantry/Counseling & SW	Contribution Ti	tle of District Employee	5/6/25
	Alion	tle of District Employee Lo Lole District Employee	5/6/25 Date



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Duncanville Independent School Distric	t greatly ap	preciates the si	apport of:	}	
Name of Contributor (Company or Person)	Holy Spirit C	atholic Church			
Address	1111 Danielo				
	Duncanville,	TX 75137			
Contact Name / Phone Number	Barbara C	adman	/ 972-2	98-5599	
through the contribution of: Food valued at \$106.25					
Description of Item(s) Contributed and/o Does Contributor give permission for This support will assist the District in	Board reco	ognition:	YES [NO	vn.
Rhonda Cole		School Socia	ıl Worker		
Print Name of District Employee Receiving the	Contribution	Title of District I	Employee		
Panther Pantry/Counseling & SW	Allon	la Cole		5/7/25	
School or Location / Department	Signatur	re of District Emplo	oyee	Date	
		DISTRI	IBUTOR CT FINANCE		



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Name of Contributor (Company or Person)	Atmos Energ	y via Duncanville Education	Foundation
Address			
Contact Name / Phone Number	Vicki Smit	h / 214-7	734-6852
rough the contribution of: Food valued at \$468.00			
D C ()			
.			NO onal environment.
This support will assist the District in			ー」 onal environment.
This support will assist the District in Rhonda Cole	continuing	to improve the education	ー」 onal environment.
This support will assist the District in Rhonda Cole Print Name of District Employee Receiving the	continuing	to improve the education School Social Worke	ーー onal environment.
Does Contributor give permission for This support will assist the District in Rhonda Cole Print Name of District Employee Receiving the Panther Pantry/Counseling & SV	continuing	to improve the education School Social Worke	onal environm r



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Name of Contributor (Company or Person)	SW-DARSE		
Address			
Contact Name / Phone Number	Stacy Childre	ess, presiden / 214-	924-2239
through the contribution of: In-kind food donation valued at \$60)		
Description of Item(s) Contributed and/o Does Contributor give permission for This support will assist the District in	· Board recogn	nition: YES	NO
Rhonda Cole	S	School Social Woke	
Print Name of District Employee Receiving the	Contribution T	itle of District Employee	
Print Name of District Employee Receiving the Panther Pantry	Contribution I	Title of District Employee	5/14/25
	Georde	Citle of District Employee Of District Employee	5/14/25 Date