



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: October 12, 2022
Organization / Individual Making Donation: Jeffrey School PTO
Address: 331 Copse Rd Madison CT 06443
(Street) (City, State, Zip)
Daytime Phone #: 203 444 6455
Description of Donation / Gift: To Support School-wide Cultural Events Approximate Value: \$ 6750
Explain how this gift will be used? to pay for performances, programs
Monetary Gift: Explain how the funds will be used: _____

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

Acknowledgments: (optional)

In honor of: _____

In memory of: _____

Acknowledgement Contact: _____

Acknowledgement Address: _____

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: Rebecca Frost

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

If yes, please explain conditions: _____

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? _____

What is the annual maintenance cost of the donation if any? (be specific) None

Are there additional costs to the school district not indicated above? (be specific) No

(Signature of Donor)

For Central Office Use Only

Accepted by Superintendent: _____

Signature

Date

Accepted by Board of Education on: _____

Date