

Office of the Superintendent Madison Public Schools Madison, CT 06443

Deposit to: Do1817F/59003

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: Vecember 1, 2022	
Organization / Individual Making Donation: Defrey School PTO	
Organization / Individual Making Donation: Defrey School PTO Address: 331 Copie Rd Medican CT 06443	
Daytime Phone # (Street) 494 6465 (City, State, Zip)	
Description of Donation / Gift: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	000
Explain how this gift will be used?	
Monetary Gift: Explain how the funds will be used: Quest to find the	
Recipient(s) of Donation (school, athletics program, etc.):	
Acknowledgments: (optional)	
In honor of:	
In memory of:	
Acknowledgement Contact:	
Acknowledgement Address:	
Signature of Person Consulted: PATILIST 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?	
If yes, who will be responsible for the costs?	
What is the annual maintenance cost of the donation if any? (be specific)	
Are there additional costs to the school district not indicated above? (be specific)	
(Signature of Donor) Co-Ticosvier, Jeffrey 70	11
For Central Office Use Only	~
Accepted by Superintendent:	1
Signature Pate/	
Accepted by Board of Education on:	