



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: 5/11/23

Organization / Individual Making Donation: Polson Middle School PTO

Address: _____
 (Street) (City, State, Zip)

Daytime Phone # _____

Description of Donation / Gift: Check donation Approximate Value: \$2,000.00

Explain how this gift will be used? Proceeds to Support 8th grade trip to Holiday Hill

Monetary Gift: Explain how the funds will be used: Fees for 8th grade trips to Holiday Hill

Recipient(s) of Donation (school, athletics program, etc.): Polson Middle 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: Kathryn Hart

Are there conditions of use attached to the gift: Yes ___ No X

If yes, please explain conditions: _____

Are there installation costs, site preparation costs, labor costs, or equipment need for installation, etc? n/a

If yes, who will be responsible for the costs? _____

What is the annual maintenance cost of the donation if any? (be specific) n/a

Are there additional costs to the school district not indicated above? (be specific) n/a

Cassidy Varma
 (Signature of Donor)

For Central Office Use Only

Accepted by Superintendent: _____
 Signature

Date

Accepted by Board of Education on: _____
 Date



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Date Form Completed: 5/12/23
 Organization / Individual Making Donation: Bauer Charitable Trust % Wells Fargo
 Address: 100 N Main Street Winston-Salem, NC 27101
 (Street) (City, State, Zip)
 Daytime Phone # 1-888-235-4351
 Description of Donation / Gift: Grant Approximate Value: \$2000
 Explain how this gift will be used? To improve Pollinator Garden
 Monetary Gift: Explain how the funds will be used: signage, bench, etc.
 Recipient(s) of Donation (school, athletics program, etc.): School - Eco Club @ DHHS

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: [Signature]

Are there conditions of use attached to the gift: Yes ___ No X

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) none

Are there additional costs to the school district not indicated above? (be specific) none

(Signature of Donor)

For Central Office Use Only

Accepted by Superintendent: [Signature]
 Signature

Date

Accepted by Board of Education on: _____
 Date