

AMO HEALTH AND THERAPY PLLC

11043 FLOQUA ST D  
HOUSTON, TX 77068-2510

5726

DATE 2-26-25

37-65/1119 8001

PAY  
TO THE  
ORDER OF

Robert E. Lee High School

\$ 5,000.00

DOLLARS



Wells Fargo Bank, N.A.  
Texas  
wellsfargo.com

FOR Robert E. Lee High School Track Team

*[Signature]*

⑆00000005726⑆ ⑆111900659⑆ 7312677797⑆

1314 Market St.  
Baytown TX 77520



**Goose Creek Consolidated Independent School District**  
Business Services

## Donation / Gift Request

**Per District Administrative Guidelines, Section 3.15:**

Donations under \$499.99 must be approved by Principal or Department Head  
Donations between \$500.00 and \$4,999.99 must be approved by the Superintendent  
Donations above \$5,000.00 must be approved by the Board of Trustees

Principal/Department Head	School/Department
Brooks	REL

Name of Donor (if an organization, include name of representative)
AMO Health and Therapy PLC

Mailing Address	City	State	Zip Code
1314 Market St	Baytown	TX	77520

Description of Donation/Gift	Value	*
Check	\$ 5,000.00	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

\* check this box if this is a non-cash donation that has an individual value of \$5,000 or more and must be added to the district's fixed asset inventory

Permission is requested to accept this donation/gift for our school/department. The donor understands that this donation/gift will become the property of the Goose Creek CISD and will be under the jurisdiction of the school/department in accordance with board policy and administrative guidelines.

Additional Remarks
Donation to be split between Boys and Girls Track 2500.00 - 461-00-5753-00-002-00-263 2500.00 - 461-00-5753-00-002-00-067

Revenue Account Code	Expenditure Account Code
461-00-5753-00-002-00-263/067	461-36-6499-00-002-99-263-067

Approved	Denied	Authorized Approver's Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>