

Office of the Superintendent Madison Public Schools Madison, CT 06443

Donation (Cash / Property) to the Madison Public School T 0 4 2024

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 / SISPERINTERIO Thetic 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: 9/30/24
Organization / Individual Making Donation: The Madison Foundation
Address: P.O. Box 446 Madison, CT 06443
(Street) (City, State, Zip)
Daytime Phone #
Description of Donation / Gift: Svort Approximate Value: \$3,000-
Explain how this gift will be used? 30 Pointer
Monetary Gift: Explain how the funds will be used:
Recipient(s) of Donation (school, athletics program, etc.):
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:  Are there conditions of use attached to the gift:  Yes No  If yes, please explain conditions:
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Are there installation costs, site preparation costs, labor costs, or equipment need for installation, etc?  William Madinime  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) Supplies of the 3)
(Signature of Donor)
For Central Office Use Only
Accepted by Superintendent:
Accepted by Board of Education on:
Date