



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: 11/2/21

Organization / Individual Making Donation: Anonymous

Address:

(Street) (City, State, Zip)

Daytime Phone # 860-970-8646

Description of Donation / Gift: Approximate Value: \$1,775

Explain how this gift will be used? Band Disney Trip

Monetary Gift: Explain how the funds will be used:

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

Tiger Band

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:

Support a student with financial need so they can attend the Florida trip -

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? n/a

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)

For Central Office Use Only

Accepted by

Superintendent:

Signature

Date 11/17/21

Accepted by Board of Education on:

Date