



Corbett School District Donation Application

Advisor Name: _____

Who will be helping with the donation: _____

Date (s) _____

Purpose of Donation: _____

Description of Donation: _____

Estimated Related Costs: _____ \$ _____

Estimated Related Income: _____ \$ _____

Estimated Profit: \$ _____

GENERAL RULES

- Additional security steps may be added by the school to ensure best practices for their location.
- **In the event of loss or theft of money, items or personal information** related to a payment made to CSD **the Business Office/or Human Resources should be notified immediately** at 503-261-4268.
- Use of public funds or use of Debit/Credit card information in violation of Board Policy, administrative regulations, these guidelines and/or State and Federal laws, will result in discipline up to and including dismissal and/or referral to law enforcement officials as appropriate.

I have read, understand and will comply with the above procedures and guidelines.

Advisor Signature: _____ Date: _____

Approvals-REQUIRED BEFORE ANY SETUP OR ADVERTISING CAN BEGIN

Administrator Notes: _____

Building Administrator Signature: _____ Date: _____

Business Director Signature: _____ Date: _____

Superintendent Signature (if required): _____ Date: _____