



ROBSTOWN INDEPENDENT SCHOOL DISTRICT DONATION ACCEPTANCE FORM

Donor Name:	Helping Hands Pediatric Rehabilitation Services		
Donor Address:	120 W. FM 1355		
City, State:	Kingsville Tx	Zip:	78363
Phone:	361 522 7951		
Date Items/Cash Donated:	10/28/24		
Group/Campus Receiving Donation:	Special Education	Sponsor/Teacher:	

Value of Donation: 200. ⁰⁰ ck	Cash <input checked="" type="checkbox"/>	Goods <input type="checkbox"/>
<i>For donations of supplies/equipment, please give a description of the items donated. (Model number, serial number, brand, etc.)</i>		
Specify any RISD services required to accept donation; including installation, construction, modifications:		

APPROVAL REQUIRED FOR ALL GIFTS

Per RISD Board Policy CDC:

1. A potential donor wishing to donate to the District money, materials, services, or equipment shall seek prior approval of the proposed gift by submitting this form for consideration by the District.
2. Any gift that is given to a school or program of the District shall become the property of the District.
3. Any gift given without a specific use or designation may be allocated, at the discretion of the Superintendent or designee, for use by any school or program.

	Signature	Date	Approved	Denied
Principal/Director	<i>S Blanton</i>	10/28/24	AB	
Business Manager	<i>Eval</i>	11/8/24	EC	
Superintendent	<i>[Signature]</i>	11/13/24	HP	

[Handwritten Signature]

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NOV 08 2024

ROBSTOWN ISD BUSINESS OFFICE



ROBSTOWN INDEPENDENT SCHOOL DISTRICT DONATION ACCEPTANCE FORM

Donor Name:	Chad Sweigart		
Donor Address:	1814 Jeremiah Ct		
City, State:	Corpus Christi, TX	Zip:	78418
Phone:	361 522 8132		
Date Items/Cash Donated:	\$200 cash check sb		
Group/Campus Receiving Donation:	Special Ed Dept	Sponsor/Teacher:	

Value of Donation:	Cash <input checked="" type="checkbox"/> \$ <input type="text" value="200"/>	Goods <input type="checkbox"/>	
<small>For donations of supplies/equipment, please give a description of the items donated. (Model number, serial number, brand, etc.)</small>			
Specify any RISD services required to accept donation; including installation, construction, modifications:	None		

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	Signature	Date	Approved	Denied
Principal/Director	<i>J Blanton</i>	11/14/24	<i>AB</i>	
Business Manager	<i>Eva G</i>	11/8/24	<i>EC</i>	
Superintendent	<i>Man Ford</i>	11/13/24	<i>MF</i>	

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ROBSTOWN ISD BUSINESS OFFICE



ROBSTOWN INDEPENDENT SCHOOL DISTRICT DONATION ACCEPTANCE FORM

Donor Name:	Edward Lee Borchardt		
Donor Address:	5222 S. Dso Pkwy		
City, State:	Corpus Christi	Zip:	78413
Phone:			
Date Items/Cash Donated:	10/31/24		
Group/Campus Receiving Donation:	RISD Football	Sponsor/Teacher:	

Value of Donation:	500.00	Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/>	Goods <input type="checkbox"/>
For donations of supplies/equipment, please give a description of the items donated. (Model number, serial number, brand, etc.)			
Specify any RISD services required to accept donation; including installation, construction, modifications:			

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	Signature	Date	Approved	Denied
Principal/Director		11/5/24	✓	
Business Manager				
Superintendent		11/7/24	RECEIVED	

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