



Donations and/or Gifts

(solicited donations must be approved prior to contacting Donors)

Student Group/Employee receiving donation: Cafeteria Emergency Fund
Sponsor: _____

Donor:

Name: Yolanda Rueda
Address: 1436 Ft Clark Rd
Brackettville, TX 78832
Phone: _____
Email Address: yolanda.rueda@brackettisd.net

Donated items:

List item(s) donated: _____
Value of donated items: _____
How will these items be used? _____

Donated Monetary amount:

How much was donated: \$ 50.00
Intended use of monetary donation: Cafeteria Emergency Fund
How will the funds be used? Food for Students

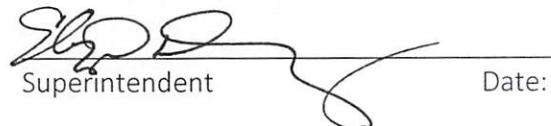
Is this donation expressly made conditional upon the District's use for a specified purpose? If yes, please explain: _____

Reviewed by:

Principal

Date:

Approved (per CDC(LOCAL)-A):


Superintendent

Date:

If conditional, board approval is required: Board Approved date: ____/____/____

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సామాజిక వ్యవస్థలకు
ప్రాచీన ప్రాచీన
సామాజిక వ్యవస్థలకు

ప్రాచీన ప్రాచీన ప్రాచీన

ప్రాచీన

వారిపుస్తక మండలి
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