

POLICY 5230 DONATION FORM



*WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT GRATEFULLY
APPRECIATES YOUR WILLINGNESS TO SUPPORT OUR SCHOOL
PROGRAMS*

On Approved List

DONATION: _____

Value \$ _____
(set by donor)

Donated By: _____

Assigned to area/room #: _____

Principal/Supervisor

Bldg./Location

Date

For Consideration to Add to List

DONATION: _____

Program
Value Added: _____

Value \$ _____
(set by donor)

Donated By: _____

Meets Program Priority Needs

Does *NOT* Meet Program Needs

• Assigned to area/room # _____

• Date of Board Action: _____

Principal/Supervisor

Bldg./Location

Date

Administration Use Only

_____ Approved

_____ Not Approved

Assistant Superintendent for Business/Personnel

Date

Superintendent of Schools

Date