

WALLED LAKE CONSOLIDATED SCHOOLS
REQUEST FOR PERMISSION TO ACCEPT:

GIFT

CASH DONATION

OTHER

Donor Name (individual/organization): _____

Address _____ City _____ Zip _____

Description of gift (use back of form if necessary):

If gift requires service/installation, please describe (what, where, when, by whom):

Expected use of gift by District:

Estimated/actual value of gift: \$ _____

Donor's Signature

Date: _____

The District is requested to send an acknowledgment of receipt of the gift to the donor at address listed above.

This gift **has** already been received by the school.

This gift **has not** yet been received by the school.

Bldg/Dept Administrator's Approval

Date: _____

Superintendent's Approval

Date: _____

7/1/93

Revised: 9/7/95, 6/5/08