

NACOGDOCHES INDEPENDENT SCHOOL DISTRICT
Request for Acceptance of Donation

School/Department: _____

Donor: _____

Donor's Address: _____

Donor's Phone: _____

Recipient of Donation:
(Student Group or Entire School) _____

Purpose of Donation: _____

Monetary Donation

Check # _____ Amount \$ _____

Cash _____ Amount \$ _____

Deposited to Budget Code #: _____

Non-Monetary Donation

You may attach a separate schedule showing the following information if needed.

Items Donor Wishes to Donate

<u>Description</u>	<u>Condition</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All technology related donation information must be forwarded to the Director of Technology.

Please turn this form into Crystal Larson in the Business office.