

7230 F1

GIFTS, GRANTS AND DONATIONS TO THE SCHOOL CORPORATION

| Please complete the following | ng information and submit to | the Superintendent's Office. |
|-------------------------------|------------------------------|--|
| Donor Information | (Name) | (Contact Name –for business donations only |
| | (Address) | |
| Type of Gift or Donation | | |
| Purpose | | |
| Estimated Value | | |
| Location | | |
| Date Received | | |
| | | |
| Recipient | | |