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: $_____

_____ Date: _____
Donor's Signature

☐ 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.

_____ Date: _____
Bldg/Dept Administrator's Approval

_____ Date: _____
Superintendent's Approval

7/1/93
Revised: 9/7/95, 6/5/08