



Office of the Superintendent
Madison Public Schools
Madison, CT 06443

Donation (Cash / Property) to the Madison Public Schools

Completion of this form is required prior to the district's consideration of a proposed donation to the Madison Public Schools. This form is to be completed in its entirety and submitted to the building principal / assistant principal, Athletic Director, or Superintendent prior to receipt of any donated goods, services, or funds. Donations valued in excess of \$1,000 must be approved by the Board of Education. (Reference Policy #3281)

Date Form Completed: _____

Organization / Individual Making Donation: _____

Address: _____
(Street) (City, State, Zip)

Daytime Phone # _____

Description of Donation / Gift: _____ Approximate Value: _____

Explain how this gift will be used? _____

Monetary Gift: Explain how the funds will be used: _____

Recipient(s) of Donation (school, athletics program, etc.): _____

Acknowledgments: (optional)

In honor of: _____

In memory of: _____

Acknowledgement Contact: _____

Acknowledgement Address: _____

This request cannot be acted upon before the building Principal / Assistant Principal, Athletic Director, or Superintendent has been consulted concerning this gift. Please provide the name of the person with whom you consulted.

Signature of Person Consulted: _____

Are there conditions of use attached to the gift: Yes____ No____

If yes, please explain conditions: _____

Are there installation costs, site preparation costs, labor costs, or equipment need for installation, etc? _____

If yes, who will be responsible for the costs? _____

What is the annual maintenance cost of the donation if any? (be specific) _____

Are there additional costs to the school district not indicated above? (be specific) _____

(Signature of Donor)

For Central Office Use Only

Accepted by Superintendent: _____

Signature

Date

Accepted by Board of Education on: _____

Date