



South Windsor Public Schools

Donation Acceptance Form

Donor Information

Date: _____

Name and/or Company: _____ Phone: _____

Address: _____

Donation Information

School Receiving Donation: _____

Amount of Donation: _____ Item (if no monetary amount): _____

Description of Purpose/Use: _____

Category:

____ Athletics

____ Performing Arts

____ Classroom Support

____ Robotics

____ Cultural Arts

____ Student Activities

____ Field Trips

____ Technology

____ Other (*Explain below*)

Accounting Information

Account to which funds should be deposited upon BOE approval:

Amount	Org	Object

Submitted by: _____ Title: _____

C. Ann Walsh, Kim Britton

Date of BOE Approval: _____
Date Donation Deposited: _____