



Rio Grande City C.I.S.D.

Donations

Date: _____
Campus: _____
Donor: _____
Address: _____
Phone: _____

Type of Asset(s) Monetary or Property
(Please Circle One)

Item: _____

Amount: _____

Check No: _____

Comments:

Signature of Campus Administrator or
Program Director

Note: "This form must be completed with every donation. The RGCCISD Board may accept donations, gifts and endowments to be held and administered as may be required by the donor, to the extent that those requirements do not contravene law. Education Code Section 45.163"

Office Use Only

Processed by Business Office

Approved by Superintendent to be presented to Board of Trustees