



BURKEVILLE INDEPENDENT SCHOOL DISTRICT DONATION ACCEPTANCE FORM

Donor Name:			
Donor Address:			
City, State:		Zip:	
Phone:			
Date Items/Cash Donated:			
Group/Campus Receiving Donation:		Sponsor/Teacher:	

Value of Donation:	Cash <input type="checkbox"/>	Goods <input type="checkbox"/>
<i>For donations of supplies/equipment, please give a description of the items donated. (Model number, serial number, brand, etc.) If possible please attach documentation.</i>		
Specify any BISD services required to accept donation; including installation, construction, modifications:		
Donor Signature:		

APPROVAL REQUIRED FOR ALL GIFTS

Per BISD Board Policy CDC:

1. The Board delegates to the Superintendent the authority to accept unsolicited gifts on behalf of the District. However, any gift that the potential donor has expressly made conditional upon the District's use for a specified purpose, or any gift of real property, shall require Board approval.

	Signature	Date	Approved	Denied
Sponsor				
Principal				
Superintendent				
Board Approval (if required)				