

**NACOGDOCHES INDEPENDENT SCHOOL DISTRICT**  
**Request for Acceptance of Donation**

School/Department: \_\_\_\_\_

Donor: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

Donor's Phone: \_\_\_\_\_

Recipient of Donation:  
(Student Group or Entire School) \_\_\_\_\_

Purpose of Donation: \_\_\_\_\_

**Monetary Donation**

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Cash \_\_\_\_\_ Amount \$ \_\_\_\_\_

Deposited to Budget Code #: \_\_\_\_\_

**Non-Monetary Donation**

You may attach a separate schedule showing the following information if needed.

Items Donor Wishes to Donate

<u>Description</u>	<u>Condition</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**All technology related donation information must be forwarded to the Director of Technology.**

**Please turn this form into Crystal Larson in the Business office.**