



DONATION FORM

Thank you for your interest in donating to the New Lebanon Central School District. The information below will assist the Board of Education in determining that your gift meets the criteria governing Policy 1800, Acceptance of gifts, grants and bequests to the School District. The Board of Education would prefer the gift to be an unrestricted offer rather than one with conditions, and that the donor work first with Superintendent of Schools or Building Principals in determining the nature of the gift and its suitability for district use.

Donor Information:

Name: _____

Address: _____

Telephone: _____ Signature: _____

Donation Information:

Item(s) To Be Donated: _____

Purpose of the Gift: _____

Estimated Cash Value of Donation: _____

Beneficiaries: _____ Unrestricted _____ Restricted (Please specify below)

List any conditions or restrictions placed on this donation: _____

District Use Only – Identify any future costs to the district as a result of this gift:

Administrator's Approval: _____ Date: _____

Administrator's Comments: _____

Superintendent's Approval: _____ Date: _____

Board of Education Approval: _____ Date: _____