



## MONETARY GIFTS TO EVERETT PUBLIC SCHOOLS

### DONOR INFORMATION

Name of Donor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

E-mail (Optional): \_\_\_\_\_

### GIFT INFORMATION

The Donor hereby gives the Everett Public Schools (and/or) \_\_\_\_\_  
School/Department

\_\_\_\_\_ the following Monetary Gift:

Amount of Monetary Gift: \$ \_\_\_\_\_ Check No.: \_\_\_\_\_  
\_\_\_\_\_ Dollars

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

### APPROVAL(S)

Principal/Administrator/Supervisor: \_\_\_\_\_  
Date

Executive Director/Regional Superintendent: \_\_\_\_\_  
(Required for all donations \$2,500 or greater) Date

*Any gifts to the District or to an individual school or department of money, or equipment **having a value of \$5,000 or greater shall be subject to Board approval and Superintendent authorization. All gifts shall become District property. (District Policy 6114)***

Superintendent: \_\_\_\_\_  
Date