



GIFTS OF MATERIALS OR EQUIPMENT 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 supplies or equipment:

Description: _____

Purpose of Donation: _____

Estimated value of Supplies or Equipment: \$ _____

_____ Dollars

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