



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