

NACOGDOCHES INDEPENDENT SCHOOL DISTRICT

Request for Acceptance of Donation

Date of Donation Received _____

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 #: _____

Date Deposited to Bank: _____

Non-Monetary Donation

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

Items Donor Wishes to Donate

Description	Condition	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Please turn this form into Holly Dudley in the Business office.