LYFORD
CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Request for Acceptance of Donated Items

TO:

FROM:

SUBJECT: DONATION/GIFT

NAME OF DONOR *(IF ORGANIZATION, PLEASE INCLUDE NAME OF PRESIDENT)*

MAILING ADDRESS CITY STATE ZIP CODE

HAS OFFERED THE FOLLOWING DONATION:

DESCRIPTION OF GIFT	VALUE

Permission is requested to accept this donation/gift for our school/department. The donor understands that this donation/gift will become the property of the Lyford CISD and will be under the jurisdiction of the school/department in accordance with School Board Policy and administrative rules and regulations. Approved donations/ gifts should be added to fixed asset inventory, if applicable.

REMARKS:

☐ **APPROVAL** ☐ **DISAPPROVAL** ☐ **APPROVAL** ☐ **DISAPPROVAL**

SUPERINTENDENT/DATE **BOARD OF TRUSTEES/DATE**