

**RECEIPT OF DONATION**  
**St. Cloud Area School District 742**

*Date:* \_\_\_\_\_

Upon receipt of a donation, please send this completed form to the Grant Writer/Coordinator's Office (District Administration Building) for placement on a subsequent Board Meeting agenda. All donations received require Board of Education acceptance.

*Name of School/Program for which donation was received:*

\_\_\_\_\_

*Name of Persons(s) Receiving Donation:* \_\_\_\_\_

*Donor(s):* \_\_\_\_\_  
*(Donor Name)*

\_\_\_\_\_

*(Agency)*

\_\_\_\_\_

*(Address)*

\_\_\_\_\_

*Purpose of Donation:*

**DONATION RECEIVED:**

*Date:* \_\_\_\_\_

*Estimated Value:* \_\_\_\_\_

*(NOTE: All expenditures will be in accordance with District Policy.)*

*Building/Program Administrator:* \_\_\_\_\_  
*(Signature)*

*Superintendent of Schools:* \_\_\_\_\_  
*(Signature)*

*(NOTE: A copy of this form will be forwarded to Accounting upon receipt.)*