

# MEIGS LOCAL SCHOOL DISTRICT DONATION FORM

The (*Donor's Name*) \_\_\_\_\_ presents the following donation to the Meigs Local School District:

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

Qty.	Description	Donor's Estimated Value

Organization Accepting Donation: \_\_\_\_\_

Organization Advisor/Coach: \_\_\_\_\_

Organization Account Number: \_\_\_\_\_

Advisor/Coach Signature: \_\_\_\_\_

Donor's Information
Name of Organization
Address
City, State, Zip
Title
Name (Please Print)
Signature

Meigs Local School District Information
Principal's, Director's, or Designee's Signature
Date
Board Action Information
*Date of Board Meeting
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A
Signature of Treasurer/ Superintendent:

\* Please submit this completed form to the Superintendent's Office for Board action.