

Once the top portion is completed, please submit this form to Kristin Ekstein in B1-159.



PLANO
Independent School District

DONATION ACCEPTANCE FORM

Date of Donation:	If multiple payments are being made, just put the date of the 1st donation here		
Campus/Department Receiving Donation:	Your Organization's Name ex. Plano East Baseball		
Donor Name:	Name of Booster Club or Donor		
Donor Address:	Use the school address if it is a Booster Donation...3000 Los Rios Blvd		
City, State:	Plano, TX	Zip:	75074
Phone:		Email:	

↑ Use the treasurer's phone # and email if it is a Booster Club Donation ↑

Value of Donation:	Any form of money goes here Cash \$ _____	Cost of item being donated goes here Non-Cash \$ _____
<i>For donations of supplies/equipment, please give a description of the items donated. (Model number, serial number, brand, etc.)</i>		
Write in what the donation is for in this area (if for a trip/tournament, please put where and when it is taking place). If it will be paid in multiple payments, please write that the total will be made in partial payments from _____ through _____.		
If Donation involves additions or modifications to a PISD facility or grounds, complete the Request to Modify Campus/Grounds Section on Page 2 of this form.		

*** APPROVAL REQUIRED FOR ALL DONATIONS ***

Per PISD Board Policy CDC:

1. The Board delegates to the Superintendent the authority to accept unsolicited gifts on behalf of the District.
2. Any gift with a cost or market value of \$10,000 or more, or any gift of real property, shall require Board approval.
3. **Regardless of cost**, donations of the following items shall be reviewed by the Business Services department and other departments as applicable:
 - a. Computer and technology equipment;
 - b. Contracted services;
 - c. Equipment that requires additional electrical capacity or additional space; and
 - d. **Additions, removal or modifications of any district facilities, structures or grounds.**
4. Once accepted, a gift becomes the sole property of the District.
5. **ALL donations shall comply with Board Policy CDC (see *Criteria for Acceptance*).**

	Print Name	Signature	Date	Approved	Denied
Principal/Director	Do not fill in. This is for Rob Eppler.				
Asst. Superintendent					
Facilities/Technology					
Other (if applicable)					
CFO/Business Services					
Board Approval Date (if applicable)					