



# SWAMPSCOTT PUBLIC SCHOOLS

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## DONATION AND GIFT FORM

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

Name of Donor or Organization:

\_\_\_\_\_

Address of Donor or Organization:

\_\_\_\_\_

\_\_\_\_\_

Brief description of gift or donation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE SUPPLY PHOTO(S)/WEBSITE LINK (or both), IF APPLICABLE.**

Photo(s) Attached (check box if applicable)

Website link: \_\_\_\_\_

Preferred use of gift or donation: \_\_\_\_\_

Cost or estimated value of gift or donation: \_\_\_\_\_

School Committee Exec. Asst. will seek prior approval of Dept. Head, Administrator, etc. if required.

Approval name/date \_\_\_\_\_

Date of School Committee acceptance of gift or donation: \_\_\_\_\_

School Committee Chair signature: \_\_\_\_\_

*Please submit completed form to Maureen Caron in the Superintendent's Office*

Updated: 6-Dec-13, 18-Nov-14, 16-Mar-2015