

**FLOODWOOD SCHOOL  
115 WEST 4<sup>TH</sup> AVENUE  
FLOODWOOD, MN 55736**

## **DONATION FORM**

Identify School or Classroom or Activity to receive the Donation \_\_\_\_\_

Date of Donation: \_\_\_\_\_

Name of Person Making the Donation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cash Donation Amount: \$ \_\_\_\_\_

Value of Non Cash Donation: \$ \_\_\_\_\_

Non Cash Donation, Description of Item(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **For Office Use Only**

Date of School Board Approval: \_\_\_\_\_

Donation Confirmed by (Printed Name and Position) \_\_\_\_\_

Signature of Person Confirming Donation and Value: \_\_\_\_\_

Date of Person Confirming Donation's Signature: \_\_\_\_\_

Signature of School Board Clerk Confirming Board Approval: \_\_\_\_\_

Date of School Board Clerk's Signature: \_\_\_\_\_

Follow up phone calls: (Date, time, initials)