



MT. VERNON

COMMUNITY SCHOOL CORPORATION

"Engage, Educate, and Empower Today's Students"

GIFTS, GRANTS, AND DONATIONS APPROVAL FORM

Reference Policy F275

Instructions: Please complete the following form and submit it to the Business Office for review and approval.

Donor Information

- **Full Name/Organization Name:** Equitable
- **Contact Person (if applicable):** Jason Woodruff
- **Address:** 10210 N Illinois Street Suite 300
- **City, State, ZIP Code:** Carmel, IN 46290
- **Phone Number:** 317-371-1007
- **Email Address:** jason.woodruff@equitable.com

Donation Details

- **Type of Donation:** Support the team
- **Description of Donation:**
Donation for support of competitions, uniforms and need
- **Estimated Value** (Gifts or donations over one hundred dollars (\$100.00) must be accepted by the School Board prior to the receipt of such gifts or donations) : \$ 250
- **Date of Donation:** 4/10/25
- **Purpose/Intended Use of Donation:**

 Please click here if the donor wishes to remain anonymous.

 Please check here if the donor will be in attendance at the board meeting for which their donation will be accepted.

Recipient's Name: Jack Parker

School's Name: MVHS

For Office Use Only

Received By: _____

Date Received: _____

School Board Approved Date: _____

SCHOOL BOARD: Chad Gray Phil Edwards Shannon Walls Kellie Freeman Tony May

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