



# 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: Mt. Vernon Adult Athletic Booster Club
- Contact Person (if applicable): \_Denise Kirby\_\_\_\_\_
- Address:
- City, State, ZIP Code:
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Donation Details

- Type of Donation: Monetary
- Description of Donation: Check
- Estimated Value \$750.00
- Date of Donation: 08-28-2025
- Purpose/Intended Use of Donation: MVHS Wrestling 30% Concessions MS Football

\_\_\_ Please click here if the donor wishes to remain anonymous. - NO

\_\_\_ Please check here if the donor will be in attendance at the board meeting for which their donation will be accepted. - NO

Recipient's Name: Leah Everett, Treasurer

School's Name: Mt. Vernon High School

### For Office Use Only

Received By: \_\_\_\_\_

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

School Board Approved Date: \_\_\_\_\_

### SUMMARY COLLECTION FORM

Date: 8-28-25

MT. VERNON HIGH SCHOOL  
8112 North 200 West  
FORTVILLE, INDIANA 46040  
(317) 485-3131

Number **3819**

Deposit To: MUHS Wrestling Time Frame of Fundraiser: \_\_\_\_\_

Reason for Receipts: Donation - 30% Concessions M.S. Football  
(Fundraiser, Field Trip . . . )

Sponsor: MUAAB  
(Please Print Name)

#### RECEIPT DETAIL:

CASH: \$ \_\_\_\_\_

CHECKS: \$ 750.00  
(Detailed below or spreadsheet attached)

TOTAL: \$ 750.00

*NOTE: All receipts for deposit must be accurately counted before turning in to the ECA Treasurer. Any summary found to have a discrepancy will be returned to the sponsor. Please face bills and roll change when possible. The ECA Treasurer is to provide an Official Receipt, Form SA-3, at the time the Collection Summary is turned in and the amount is verified for deposit.*

I certify I have accurately accounted for all funds and reported the same herein.

Denise Kirby

(Signature of Sponsor, Name is Printed Above)

Name of person who submitted money	Cash Amount	Check Amount	Check Number
<u>Denise Kirby</u>		<u>750.00</u>	<u>3269</u>
Total for cash and checks		<u>750.00</u>	

If additional deposit lines are needed complete an SA 8A or attach a detailed spreadsheet

MT. VERNON ADULT ATHLETIC  
BOOSTER CLUB

3269

71-367/749  
06

8-28-25

Date

CHECK ARMOR  
BY AUTHORITY

Pay to the  
Order of

MVHS Wrestling

\$ 750.00

Seven Hundred Fifty and 00/100

Dollars

Photo  
Safe  
Deposit  
Datacontact

**gbc** BANK

For 30% - conc. MS Football

Denise Kirby

RP