



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: The New Group
- Contact Person (if applicable): _____
- Address: 1339 Sunday Dr.
- City, State, ZIP Code: Indianapolis, IN 46217
- Phone Number: _____
- Email Address: _____

Donation Details

- Type of Donation: Monetary
- Description of Donation: Check
- Estimated Value \$2000.00
- Date of Donation: 07/31/2025
- Purpose/Intended Use of Donation: For use for Football 2025 Sponsor.

____ 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: _____

SCHOOL BOARD: Shannon Walls Meghan Britt Chad Gray Kellie Freeman Stacy Nielsen

1806 W. State Road 234, Fortville, IN 46040 • www.MVCSC.k12.in.us • Office: (317) 485-3100 • Fax: (317) 485-3113

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

Donor Information

- Full Name/Organization Name: A. House
- Contact Person (if applicable): _____
- Address: _____
- City, State, ZIP Code: _____
- Phone Number: _____
- Email Address: _____

Donation Details

- Type of Donation: Monetary
- Description of Donation: Cash
- Estimated Value \$50
- Date of Donation: 07/31/2025
- Purpose/Intended Use of Donation: For use for Football 2025 Sponsor.

____ 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: _____

SCHOOL BOARD: Shannon Walls Meghan Britt Chad Gray Kellie Freeman Stacy Nielsen

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SUMMARY COLLECTION FORM

Date: 8/12/25

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

Number **3750**

Deposit To: MVFB Time Frame of Fundraiser: Donation - Signs

Reason for Receipts: Player Football Fence Signs
(Fundraiser, Field Trip...)

Sponsor: J. Vince Lily
(Please Print Name)

RECEIPT DETAIL:

CASH: \$ 50

CHECKS: \$ 2000
(Detailed below or spreadsheet attached)

TOTAL: \$ 2,050

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.

J. Vince Lily
(Signature of Sponsor, Name is Printed Above)

Name of person who submitted money	Cash Amount	Check Amount	Check Number
<u>The New Group</u>		<u>2,000</u>	<u>17611</u>
<u>A House</u>	<u>50</u>		
Total for cash and checks	<u>50</u>	<u>2,000</u>	

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