



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: Beth Stewart
- Contact Person (if applicable): _____
- Address: 4131 W. First Watch Way
- City, State, ZIP Code: McCordsville, IN 46055
- Phone Number: 317-498-7403
- Email Address: stewartbeth1024@gmail.com

Donation Details

- Type of Donation: Check
- Description of Donation: _____
- 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): \$150.00
- Date of Donation: 10/02/25
- Purpose/Intended Use of Donation: Band - 4th Grade

___ 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: Lisa Cary

School's Name: Mt. Vernon Intermediate School

For Office Use Only

Received By: _____

Date Received: _____

School Board Approved Date: _____