



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:** Kingen Pulliam
- **Contact Person (if applicable):** Gary Kingen
- **Address:** 4682 W. 600 N
- **City, State, ZIP Code:** McCordsville, IN 46055-9725
- **Phone Number:** 317-339-4466
- **Email Address:** _____

Donation Details

- **Type of Donation:** Monetary
- **Description of Donation:** FFA Donation
- **Estimated Value:** \$300
- **Date of Donation:** 9/29/2025
- **Purpose/Intended Use of Donation:** For use by the FFA group.

___ 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: Leah Everett, Treasurer

School's Name: Mt. Vernon High School

For Office Use Only

Received By: _____

Date Received: _____

School Board Approved Date: _____