



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: GBC Bank
- Contact Person (if applicable): _____
- Address: _____
- City, State, ZIP Code: Greenfield, IN 46140
- Phone Number: _____
- Email Address: _____

Donation Details

- Type of Donation: Monetary
- Description of Donation: Title Sponsor of Athletic Website
- Estimated Value \$4000.00
- Date of Donation: 10/2/2025
- Purpose/Intended Use of Donation: For use for athletics at Mt. Vernon High School

___ 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: _____