



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:** Peter & Barbara Gorga
- **Contact Person (if applicable):** _____
- **Address:** 15324 Fantina Ln
- **City, State, ZIP Code:** Fishers, IN 46040-1472
- **Phone Number:** _____
- **Email Address:** _____

Donation Details

- **Type of Donation:** Monetary
- **Description of Donation:** MV Football
- **Estimated Value** \$100.00
- **Date of Donation:** 10/22/2025
- **Purpose/Intended Use of Donation:** For use by the Mt. Vernon High School Football Team

___ 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: _____

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

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