



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:** Son's of the American Legion.
- **Contact Person (if applicable):** N/A
- **Address:** 207 S Merrill St
- **City, State, ZIP Code:** Fortville, IN 46040
- **Phone Number:** 317-485-4992
- **Email Address:** N/A

Donation Details

- **Type of Donation:** Check Donation
- **Description of Donation:** Angel Fund donation for student negative meal balances
- **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) : \$1000
- **Date of Donation:** January 21, 2026
- **Purpose/Intended Use of Donation:** MVCSC Angel Fund

___ 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: Kasey Pasyk

School's Name: Mt. Vernon Community School Corporation

For Office Use Only

Received By: _____

Date Received: _____

School Board Approved Date: _____

SONS OF THE AMERICAN LEGION

207 S MERRILL ST PH 317-485-4992
FORTVILLE, IN 46040-1423

1370

71-351/7/93

06

CHECK AMOUNT

Date

Jan. 21, 2026

Pay to the

Order of

Angel Fund
One Thousand + 00/100 \$ 1000.00

Print or Stamp Name of Payee

ABC BANK

For Angel Fund

Ken Helley

GUARANTEE YELLOW