



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: Agrado Inc dba Team Image
- Contact Person (if applicable):
- Address: 850 S State St
- City, State, ZIP Code: Greenfield, IN 46140
- Phone Number:
- Email Address: _____

Donation Details

- Type of Donation: Monetary
- Description of Donation: Profits from 2025 Basketball Stores
- Estimated Value 1141.91
- Date of Donation: 4/8/2026
- Purpose/Intended Use of Donation: For use by the athletic department.

___ 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: _____

Agrado Inc dba Team Image
850 S State St
Greenfield, IN 46140

04/08/2026

PAY TO THE ORDER OF Mt. Vernon High School

\$ **1,141.91

One thousand one hundred forty-one and 91/100*****

DOLLARS

Mt. Vernon High School
8112 N 200 W
Fortville, Indiana 46040
United States

MEMO

Fundraising 2025 Basketball Stores


AUTHORIZED SIGNATURE MP