



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: MVIS PTO
- Contact Person (if applicable): _____
- Address: 9487 Highview Ln
- City, State, ZIP Code: McCordsville, IN 46055
- Phone Number: _____
- Email Address: mvispto@mvcsc.k12.in.us

Donation Details

- Type of Donation: Check
- Description of Donation: Donation for unpaid lunch 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): \$ 1,355.00
- Date of Donation: 05/04/2024
- Purpose/Intended Use of Donation: MVIS lunch Accounts

___ 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: MVIS

School's Name: Mt. Vernon Intermediate 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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