



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: 4/2/2026
- 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: _____



CHASE
PRIVATE
CLIENT

PETER L. GORGA, JR.
BARBARA GORGA
15324 FANTINA LN.
FISHERS, IN 46040-1472

20-1/740

8491

DATE

4/2/2024

PAY TO THE
ORDER OF

Mt. Vernon High School Football

\$ 100.00

one hundred + 00/100

DOLLARS



Security Features
Included.
Details on Back.

JPMorgan Chase Bank, N.A.

MEMO

Donation

MP