



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: Midwest Mole
- Contact Person (if applicable):
- Address: 6814 W 350 N
- City, State, ZIP Code: Greenfield, IN 46140
- Phone Number: 317-545-1335
- Email Address: _____

Donation Details

- Type of Donation: Monetary
- Description of Donation: Donation
- Estimated Value 500
- Date of Donation: 4/24/2026
- Purpose/Intended Use of Donation: For use by MVHS SASP

___ 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: _____



**MIDWEST
MOLE**
Bettering Lives from the Ground Up

6814 W 350 N
GREENFIELD, IN 46140
317-545-1335

71-65/749

2128

DATE

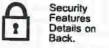
4/24/2016

PAY TO THE ORDER OF MT VERNON HIGH SCHOOL

\$ 500. ⁰⁰/₁₀₀

FIVE HUNDRED ¹/₂ NO/100

DOLLARS



FIRST MERCHANTS BANK
INDIANA

NOT GOOD OVER \$2,500.00

C. Edwards



SASP TEAM

James P. Edwards

AUTHORIZED SIGNATURE

MP

ENCE OF THESE FEATURES WILL INDICATE A COPY.

