



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: Darrell & Nancy Thomas
- Contact Person (if applicable):
- Address: 3841 W 700 North
- City, State, ZIP Code: Mc Cordsville, IN 46055-9429
- Phone Number:
- Email Address: _____

Donation Details

- Type of Donation: Monetary
- Description of Donation: Athletics Donation
- Estimated Value \$500
- Date of Donation: 4/6/2026
- 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: _____

DARRELL H. THOMAS
NANCY A. THOMAS
 3841 W 700 NORTH 317-335-3552
 MC CORDSVILLE, IN 46055-9429

15762
 71-367/749
 06
 Date **CHECK ARMOR** PHOTO PROTECTION

April 6, 2026

Pay to the Order of M V H S. \$ 520.00
Five hundred twenty and 00/100 Dollars

gbc BANK

For Donation M V **GBC Select**
Darrell H. Thomas

Photo Safe Deposit Details on back



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