



# 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:** Mt. Vernon Intermediate School PTO.
- **Contact Person (if applicable):** Sjonyae Curry
- **Address:** 8414 N 200 W
- **City, State, ZIP Code:** Fortville, IN 46040
- **Phone Number:** N/A
- **Email Address:** sjonyae.curry@mvcsc.k12.in.us

### Donation Details

- **Type of Donation:** Check Donation
- **Description of Donation:** Angel Fund donation for MVIS student negative meal 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): \$1355
- **Date of Donation:** June 8th, 2026
- **Purpose/Intended Use of Donation:** MVCSC Angel Fund

\_\_\_ 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:** Kasey Pasyk

**School's Name:** Mt. Vernon Community School Corporation

### For Office Use Only

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

School Board Approved Date: \_\_\_\_\_