



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 Adult Athletic Booster Club
- Contact Person (if applicable): _____
- Address: _____
- City, State, ZIP Code: _____
- Phone Number: _____
- Email Address: _____

Donation Details

- Type of Donation: Monetary
- Description of Donation: MV Football
- Estimated Value \$147.59
- Date of Donation: 5/11/2026
- 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: _____

MT. VERNON ADULT ATHLETIC
BOOSTER CLUB

3325

71-367/749
06

5-11-26

Date

CHECK ARMOR
FRAUD PROTECTION

Pay to the
Order of

Mt. Vernon H.S. Football

\$ 147.59

One hundred forty seven dollars + 59/100

Dollars

Photo
Safe
Deposit
Details on back

gbc BANK

For

Donation

Catherine A. Doyle

