



Galena Park Independent School District DONATION APPROVAL REQUEST

This form should be used to record all donations to your campus.

DATE: _____ SCHOOL NAME: _____

Is this donation being made on behalf of: an Individual an Organization

Organization (if applicable) _____ Donor Contact Name: _____

Telephone: _____ Email: _____

Address: _____
Street/PO Box City State/Zip

Donation Type: Cash Equipment Donor Value (Must be determined by Donor) \$ _____

Quantity: _____

Donation Description: _____

Suggested use of donation? _____

For Use by School Receiving Donation

All monetary gifts to GPISD require acceptance by a school official and forwarded to the Business Office Department.

Person Accepting Donation: _____ Phone: _____

Financial Secretary: _____

Batch #: _____ Receipt #: _____ Date: _____

Supervisor _____ Date: _____
Signature

How will this donation be used? _____

Chief Financial Officer _____ Date _____
Signature

Superintendent _____ Date: _____
Signature