



EAST CLEVELAND CITY SCHOOLS DONATION ACCEPTANCE FORM

SCHOOL:					
DONOR:					
COMPANY NAME:					
ADDRESS:					
CITY:		STATE		ZIP CODE	

The District has received a gift/donation of:	
The value of the gift/donation is:	

Please indicate below the name of the activity fund to receive this donation.

Name of Activity Fund	
Account Number	

We are hereby requesting the approval from the Board of Education to accept this donation on this date:

TITLE	SIGNATURE	DATE
BUILDING PRINCIPAL		
ACTIVITY ADVISOR		
ATHLETIC ADMINISTRATOR		
STUDENT ACTIVITIES COORDINATOR		
CFO/TREASURER		
CEO/SUPERINTENDENT		

Accepted and approved by the CEO/Superintendent on this date:	
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