

Kenyon-Wanamingo Public Schools_____

District 2172 Office225 Third Avenue
Wanamingo, MN 55983
Phone 507-789-7001
Fax 507-789-7032

Middle-High School 400 Sixth Street Kenyon, MN 55946 Phone 507-789-6186 Fax 507-789-6188 Elementary School 225 Third Avenue Wanamingo, MN 55983 Phone 507-824-2211 Fax 507-789-7033

Policy 706 Appendix A

DONATION RECEIPT FORM

Please complete the following, sign & return to the building principal or superintendent. Superintendent will present to the K-W Board of Education for approval. Keep a copy for the site (Elementary or Secondary) records.

K-W STAFF NAME:(Person receiving donation)		int) DATE:	
JOB/POSITION:		BUILDING:	
DONATION RECEIVED FROM:(Organization or Individual)			
Does donor prefer to remain anon	ymous? YE	S NO	
FINANCIAL DONATION			
Amount of Donation	on: \$	Cash Check #	
Intended purpose:			
NON-FINANCIAL DONATION			
Value of Donation: \$ Description of Donation:			
Intended purpose:			
Employee Signature	Date	Principal Signature	Date
Superintendent Signature	Date	Board Rep. Signature	

Disclaimer: Once accepted, a gift shall be the property of the School District unless otherwise provided in agreed upon terms.