



**Norton City Schools**  
**DONATION APPROVAL FORM**

Date\_\_\_\_\_

Item(s), service or dollar amount to be donated:

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Donor's intent where donation will be used (i.e., school, program, course, etc):

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Name of person or organization donating:\_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Approximate or real value: \$ \_\_\_\_\_

Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*This form is to be completed and submitted to the Treasurer for any donation to be presented to the Board of Education for acceptance.\*\***