

**HOWLAND LOCAL SCHOOLS
REQUEST FOR ACCEPTANCE OF DONATION**

Building _____ Date _____

Supervisor/Sponsor of Group Accepting Donation _____

Name of Person/Organization Making Donation _____

Address _____

Phone Number _____

Amount of Donation _____

Purpose of Donation _____

APPROVED BY:

Building Supervisor _____

Administration _____

Date of Approval by Board of Education _____

Treasurer's Signature _____

*Please note that the donation is **not** accepted until
it is approved by the Board of Education*