

GIFT APPLICATION

South Bend Community School Corporation

To: Board of School Trustees
215 South St. Joseph Street, South Bend, IN 46601

Date: _____

From: _____

From: _____

Contact: _____ Phone: _____

Contact: _____ Phone: _____

The above individual(s) or organization(s) desire to make a gift to the South Bend Community School Corporation, as follows:

To (School/program):	Describe Gift and Purpose:	Value of Gift:

Signature of Donor

We would like to give you recognition for your contribution unless you would rather remain anonymous.

Print Name

Check here if you prefer to remain anonymous.

ADMINISTRATIVE USE ONLY

Deposit into Extra-Curricular Gift Account# _____

Check # _____ Date rec'd _____ By _____ Budget o.k.? _____
 Non-Cash Gift Cash Gift Restricted as to type Restricted as to location (indicate) _____

Signature of Principal/Administration Bldg. Department Head

Signature of Executive Director Administrative Services

DIRECTIONS: After the form is completed and signed by principal or Administration Bldg. department head, forward all copies to the Executive Director Administrative Services for processing. After approval and acceptance by the Board of School Trustees, the pink copy will be returned to the school/department.