

ANTHONY INDEPENDENT SCHOOL DISTRICT  
DONATION APPROVAL REQUEST

DATE: \_\_\_\_\_

Principal/Director " \_\_\_\_\_ "  
Anthony Independent School District (AISD)  
610 Sixth Street  
Anthony, Texas 79281

Dear " \_\_\_\_\_ ,"

On behalf of the \_\_\_\_\_ (Please print name/organization), I am asking that you approve the acceptance of the following donations for the Anthony Independent School District and \_\_\_\_\_  
(List school, department or activity).

Item Description	Quantity	Value

<b>Purpose of donation is:</b>

This donation will be recorded in account # \_\_\_\_\_.

DONATION HAS BEEN RECEIVED AND IS PENDING APPROVAL YES - NO.

(Please circle either YES or NO as appropriate) Office Receipt # \_\_\_\_\_

Sincerely,

Donor ( \_\_\_\_\_ )

(Please print name and organization)

Maintenance Department \_\_\_\_\_ DATE \_\_\_\_\_ .  
(REQUIRED if Building and grounds modifications, improvements or landscaping)

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ .  
(Vern Butler, Superintendent)