

McKinney Independent School District

Gift Acceptance Request Form

Campus/Department: _____

Donor Information

Name: _____

Address: _____

Donation Information:

Money (Amount): _____ To be used for: _____

Account Code to be spent from: _____

Supplies/Equipment

Description: _____

Estimated Value: _____

Will equipment be supported/maintained with District funds? _____

Does campus/department accept responsibility for all associated cost? _____

Approval Signatures

Principal/Department Head

Date: _____

Director Fine Arts/Athletics (if UIL related)

Date: _____

Chief Operations Officer
(If equipment or facility related)

Date: _____

Asst. Supt for Secondary or Elementary Education

Date: _____

Superintendent

Date: _____