

MCKINNEY INDEPENDENT SCHOOL DISTRICT
GIFT ACCEPTANCE REQUEST FORM

CAMPUS DEPARTMENT: _____

DONOR INFORM

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 costs? _____