

ANTHONY INDEPENDENT SCHOOL DISTRICT
DONATION APPROVAL REQUEST

DATE: _____

Principal/Director " _____ "
Anthony Independent School District (AISD)
840 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

Purpose of donation is:

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 _____.
(Steven Saldivar, Superintendent)