



Eagle Mountain-Saginaw Independent School District

DONATION FORM

Donor Information

Donation Date: _____

(Name of Donor – Company or Person)

(Street Address or P.O. Box, City, State, and Zip Code)

(Contact Name and Phone Number)

Donation Made To: _____
(Campus or Department Name)

Monetary Donation \$ _____ **Non-Monetary Donation**

Purpose of Donation (attach letter if necessary): _____

Conditions of Donation (actions EM-SISD is required to take – attach agreement letter if necessary): _____

Principal or Department Administrator:

Signature

Date

Deputy Superintendent or Chief Officer:

Signature

Date

Business Office:

Signature

Date

Signature Routing
<u>Campus Donations</u>
- Principal
- Deputy Superintendent
- Business Office – Michelle Ozuna
<u>Department Donations</u>
- Department Administrator
- appropriate Chief Officer
- Business Office – Michelle Ozuna

Return Completed Form To:
Michelle Ozuna
Business Office – Bldg #6
(817) 232-0880, Ext. 2955