INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number **703.5.1.1P** Adopted **November 1979** Revised **November 2016**

Title **Gifts Valued at $500 or More**

We appreciate your interest in considering a gift to (check one):

- ☐ a school, specify _____
- ☐ a district department, specify _____
- ☐ the district
- ☐ Student Activity Account, specify _____

Please indicate the type of gift you are considering:

- ☐ Cash Amount :_____
- ☐ Other: _____

Intended use: _____

_____

Estimated value: _____ (For school district gift acceptance purposes only. See IRS regulation for tax deductibility.)

Would this gift be given in honor or memory of someone or something? Please explain:

_____

_____

_____

Organization you represent: _____

Your Name _____ Phone

Your Address _____
Street City/State/Zip

Gifts may only be accepted by action of the School Board

School/Department Recommendation: ☐ Accept gift ☐ Not accept gift

Explain: _____

_____

_____ Account Code: _____
Signature of Administrator Date

Director's Recommendation: ☐ Accept gift ☐ Not accept gift

_____
Signature of Director Date

Print Reset

Date the School Board is scheduled to take action on this gift:

_____
To be completed by Finance Department

School Principal/Coordinator routes to:
Appropriate director
Superintendent _____
Director of Finance and Operations