



**BROWNSVILLE INDEPENDENT SCHOOL DISTRICT**

**RECEIPT OF DONATION FORM**

**Date:** \_\_\_\_\_

**Organization/Vendor:** \_\_\_\_\_

**Presented To:** \_\_\_\_\_  
(Club/School/Department)

**Purpose of Donation:** \_\_\_\_\_  
\_\_\_\_\_

**Amount of Donation:** \_\_\_\_\_

**Principal's Approval:** \_\_\_\_\_

**Area Superintendent:** \_\_\_\_\_  
(Requires signature if donation is \$4,999 or less)

**Superintendent of Schools:** \_\_\_\_\_  
(Requires signature if donation is \$5,000 to \$9,999)

**Board of Trustees:** \_\_\_\_\_  
(Requires signature if donation is \$10,000 or more)