



BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

**CLUB AUTHORIZATION FOR
DONATIONS/TRANSFERS FORM**

Date: _____

Club Name or Organization: _____

Student's Name & Signature:

Type of Office Held:

The above students are in agreement to the indicated donation/transfer.

Type and purpose of donation/transfer:

Principal's Approval: _____

Presented to: _____

Check Number: _____

Amount of Check: _____