



# Intent to Accept or to Request a Monetary Gift

District policy requires that all grants and gifts be reported. Based on size, various approvals or procedures are required. Please complete this form for all unbudgeted monetary gifts requested or received, either solicited or unsolicited.

**Who is the donor?** (Contact name and information)

\_\_\_\_\_

**What is the amount of the gift?**

\$ \_\_\_\_\_

**What is the date the funds were received?**

\_\_\_\_\_

**What school(s) or department(s) will benefit from the funds?**

\_\_\_\_\_

**What are the reporting requirements, if any?**

(Please attach documentation)

\_\_\_\_\_

**Please print, sign and return this form to:**  
Finance Department  
1900 Crowley Pride Dr. Fort Worth TX 76036  
817-297-5800  
Fax: 817-297-5203  
E-mail: [leon.fisher@crowley.k12.tx.us](mailto:leon.fisher@crowley.k12.tx.us)

**What will the funds be used for?**

- |   |  |
|---|--|
| <input type="checkbox"/> Instruction    | <input type="checkbox"/> Reading               |
| <input type="checkbox"/> Math           | <input type="checkbox"/> Science               |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> English Language Arts |
| <input type="checkbox"/> Other          |  |

**Do you need assistance from the Grants & Development Department?**

- Yes  No  
If so, who should we contact?

**Would you like the Communications Department to contact you upon award of the gift?**

- Yes  No  
If so, who should we contact?

\_\_\_\_\_ Contact Name

\_\_\_\_\_ Donor Signature

\_\_\_\_\_ Principal or Designee

\_\_\_\_\_ Date

**Contact:**

**School/Dept:**

**Title:**

**E-mail:**

**Phone:**

**Fax:**

**For Administration Use:**

Executive Director of Finance

Superintendent or Designee

Chief Financial Officer

Requires Board Approval (Superintendent Decision)?

- Yes  No