



## Donation (Cash / Property) to the Madison Public Schools

Completion of this form is required prior to the district's consideration of a proposed donation to the Madison Public Schools. This form is to be completed in its entirety and submitted to the building principal / assistant principal, Athletic Director, or Superintendent prior to receipt of any donated goods, services, or funds. The school principal may approve gifts to a school that are valued at \$500 to \$1,000 and meet criteria established by the administrative regulations established in accordance with this policy. Donations valued in excess of \$1,000 must be approved by the Board of Education. (Reference Policy #3281)

Date Form Completed: 10/5/2026

Organization / Individual Making Donation: PTO

Address: 180 Mungertown Rd Madison CT 06443  
(Street, city, zip)

Phone #: \_\_\_\_\_

Description of Donation / Gift and intended use: Second field trip donation

Approximate Value: 5,000.00

Recipient(s) name: Neck River Elementary

Acknowledgements: (optional)

In honor/memory of: \_\_\_\_\_

Acknowledgement Contact: \_\_\_\_\_

Acknowledgement Address: \_\_\_\_\_

***This request cannot be acted up on before the building Principal / Assistant Principal, Athletic Director, or Superintendent has been consulted concerning this gift. Please provide the name/signature of the person who was consulted.***

Signature of Person Consulted: Rebecca L Frost

Are there conditions of use attached to the gift/donation: ☐ Yes ☒ No

If yes, please explain conditions: \_\_\_\_\_

Are there installation, site preparation, labor, or equipment costs needed for installation, etc.? ☐ Yes ☒ No

If yes, who is responsible for the costs? \_\_\_\_\_

What is the annual maintenance cost of the donation, if any? ☐ Yes ☒ No

Are there any other additional costs to the District? ☐ Yes ☒ No

\_\_\_\_\_  
(Signature of Donor)

For Central Office Use Only

Accepted by Superintendent: [Signature]  
Signature

10/5/26  
Date

Accepted by Board of Education on: \_\_\_\_\_  
Date