

1221 E. Kingsbury Street Seguin, TX 78155 Phone 830.401.8655 Fax 830.379.3689

Department of Business Services

Acknowledgement of Monetary Donation

Select one:	Solicited	Unsolicited
Seguin Independent S	School District greatly appreciates the	support of:
Name of Cont	ributor/Organization:	
	Address:	
Contact Na	ame/Phone Number:	
Cor	ntact Email Address:	
through the monetary	contribution of \$	
(cash, check, money	order, cashier's check, gift cards, gift c	certificates, other)
which shall be used for the purpose of:		
No goods or services	to the IRS is the responsibility of the c were provided in exchange for your co at the District in continuing to improve t	ontribution.
Name of Distri	ict Employee receiving contribution:	
	Signature: _	
	Date Contribution Received: _	

District Board policy <u>CDC (Local)</u> states "...any (unsolicited) gift that the potential donor has expressly made conditional upon the District's use for a specified purpose, or any gift of real property, shall require Board approval." The district may not receive any gift that would violate or conflict with policies of or actions by the Board or with federal or state law. The district may receive gifts contributed for public purposes but not to benefit an individual. Once accepted, these gifts become the sole property of the District.