



BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

RECEIPT OF DONATION/SPONSORSHIP FORM

Date: _____

Organization/Vendor: _____

Presented To: _____
(Club/School/Department)

Purpose of Donation: _____

Amount of Donation: _____

Principal's Approval: _____

**Area Superintendent / Deputy
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)