

MCKINNEY INDEPENDENT SCHOOL DISTRICT  
GIFT ACCEPTANCE REQUEST FORM

CAMPUS DEPARTMENT: \_\_\_\_\_

DONOR INFORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DONATION INFORMATION:

Money(amount): \_\_\_\_\_ To be used for \_\_\_\_\_

Account code to be spent from \_\_\_\_\_

Supplies/Equipment

Describe on \_\_\_\_\_

Estimated Value \_\_\_\_\_

Will equipment be supported/maintained with District funds? \_\_\_\_\_

Does campus/department accept responsibility for all associated costs? \_\_\_\_\_