



# NEWFIELD CENTRAL SCHOOL DISTRICT

Please fill in the form and mail or bring to the  
District Office: 247 Main St., Newfield, NY 14867

### **DONOR INFORMATION:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Check here if you wish to remain *ANONYMOUS*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **FOR MONETARY DONATIONS:**

**I/we would like the donation to help with:**

- Music Program
- Athletic Program
- Technology Program
- Science Program
- Specific Building/School (please specify) \_\_\_\_\_
- Other: (please specify) \_\_\_\_\_

Please make checks payable to *Newfield Central School District*

Signature: \_\_\_\_\_

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

### **FOR NON-MONETARY DONATIONS:**

Please describe the item/equipment to be donated \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location:

- Elementary School \_\_\_\_\_
- Middle School \_\_\_\_\_
- High School \_\_\_\_\_
- Athletic Fields \_\_\_\_\_
- Other: (please specify) \_\_\_\_\_

Cost of assembly to be paid by:

- Donor
- School District Estimated Cost \_\_\_\_\_
- N/A

Cost of installation to be paid by:

- Donor
- School District Estimated Cost \_\_\_\_\_
- N/A

\_\_\_\_\_  
Signature of F & O Supervisor or Technology Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Business Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date