



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