

Donation Form

(Property / Goods / Service)

Rock Ridge Public Schools ISD No. 2909

Donor Information:

INDIVIDUAL'S NAME	BUSINESS NAME
STREET ADDRESS	EMAIL (optional)
CITY, STATE, ZIP	PHONE

☐ Please keep the donation confidential. ☐ Please mail a tax receipt.

Donation Description:

DATE	APPROX. VALUE
DESCRIPTION	
HOW WILL THIS DONATION BE USED	
RECIPIENT OF DONATION (SCHOOL, ATHLETIC PROGRAM, ORGANIZATION / GROUP, ETC.)	
NOTES (IN HONOR OR MEMORY OF, ETC.)	



Contact and Mailing Information:

Rock Ridge Public Schools

District Office
1405 Progress Parkway
Virginia, MN 55792
(218) 742-3900

www.rrps.org

Thank you for your generous donation!

For District Use Only

This form is to be completed in its entirety after consulting with a Principal / Assistant Principal / Superintendent prior to acting upon any donation. Completed form can be turned into the District Office for board approval.

Form submitted by: _____

CIRCLE ONE: Consulted with Principal / Assistant Principal / Superintendent

Signature of Person Consulted: _____ Date: _____

Are there conditions of use attached with the donation? Yes _____ No _____

If yes, please explain the conditions: _____

Are there installation, site prep, or labor costs or equipment needed for installation? Yes _____ No _____

If yes, who will be responsible for the costs? _____

What is the annual maintenance cost of the donation, if any? _____

Are there additional costs to the school district not indicated above? _____

Accepted by the Rock Ridge Board of Education on _____.

Date