



# Minuteman

## Gifts | Grants | Donations | Scholarships

Please complete the following form, when completed you may submit it to:

**Minuteman Regional High School**  
**Attention: Gift Processing Supervisor/Assistant Superintendent**  
**758 Marrett Road • Lexington MA 02421**  
**Phone: 781-861-6500**  
**FAX: 781-863-1747**  
**www.minuteman.org**

Please check  type of donation:

Gift

Grant

Equipment Donation

Scholarship

### Donor Information

Name of Donor (Individual or Corporation) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
email \_\_\_\_\_

### Gift Information

Gift Amount \$ \_\_\_\_\_ (if equipment please estimate value)  
Brief description of item(s) \_\_\_\_\_  
\_\_\_\_\_

Recommendation of School Personnel (benefit of donation to school)  
\_\_\_\_\_  
\_\_\_\_\_

I have reviewed the Minuteman Policy on Gifts, Grants, Donations and Scholarships

Signature of Minuteman Representative \_\_\_\_\_

Signature of Donor \_\_\_\_\_

Date \_\_\_\_\_

### Administration Review

Approved Date \_\_\_\_\_

*Gift Processing Supervisor*

Not Approved Date \_\_\_\_\_

*Gift Processing Supervisor*

### School Committee Review

Approved Date \_\_\_\_\_

Not Approved Date \_\_\_\_\_