## TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT Gift/Donation Form

Dona	tion is intended for: Weight Room	Department_Tryc	tee High	School
Type	of Donation: monetary			
I. DONOR'S NAME/ADDRESS: Western Nevada Supply Co.				
950 South Pock Blvd. Sparks NV 89431  II. DONOR'S STATEMENT: (Please describe gift/donation in detail) You may use a separate sheet				
II. <u>DONOR'S STATEMENT:</u> (Please describe gift/donation in detail) You may use a separate sheet of paper if needed.				
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a. DESCRIPTION OF GIFT/DONATION				
1 10 /	. 1		#-10	00
I. Esti	ated value or cost:	\$ 120		
2. Wil	I donation be used for activities or instruction?		YES [X	NO[]
3. Wil	donation be used for before or after school activ	rities or instruction?	YES M	NO [ ]
4. Wil	donation be used for specific programs approve	d by the school Board	? YES 💢	NO[]
5. Wil	donation be used only at a specific school site?		YES [🏋	NO [ ]
6. If th	is is a grant please attach a copy of the grant app	lication	YES[]	NO [X
Please	refer to Board Policy & Administrative Regulati	on 3290 for additional	information	
			-	
	m/1 1 18/02	and I		12-8-22
> _(	On 4 W Date	Signature of Prince	rinal/Administ	/2-8-23
	On 4 W Date  gnature of Donor Date	Signature of Prince	cipal/Administ	
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