

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

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DONATION FORM

In accordance with Osceola County School Board Policy 4.19, VII,

Mr./Mrs. _____

an authorized representative of _____

wish to donate the following item/items to the School Board of Osceola County.

Address of Donor: _____

Description of Gift: _____

The above described item/items was/were received by _____

_____ on _____

for (school/facility) _____

(class, club, or department) _____

The approximate total value of the above item/items is \$ _____

Administrator _____

Student Achievement – Our Number One Priority

District-wide Accreditation by the Southern Association of Colleges and Schools

An Equal Opportunity Agency

FC-200-0026 (Rev. 11/15/17)