

SCHOOL ACTIVITY FUND
DONATION **ACKNOWLEDGEMENT** FORM

| | |
|-----------------|------------------------|
| School: | Providence Elementary |
| School Address: | 470 South Broadway St. |
| | Providence, KY. 42450 |

| | |
|-----------|---------|
| RECEIPT # | 6020100 |
|-----------|---------|

| | |
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| Fiscal Year Ending: | 2024 |
|---------------------|------|

| | |
|---------------------|------------|
| School Federal ID : | 61-6001270 |
|---------------------|------------|

| | |
|---------------|---------|
| Date of gift: | 7-12-23 |
|---------------|---------|

| | |
|-------------|-----------------------|
| Donor Name: | VFW and Aux Post 5484 |
|-------------|-----------------------|

| | |
|----------------|----------------------------|
| Donor Address: | VFW + Aux Post 5484 |
| | street address |
| | 2321 VFW LN |
| | street address (continued) |
| | Providence Ky 42450 |
| | city state zip code |

| | |
|---------------------|--------------|
| Donor Phone Number: | 270-667-5865 |
|---------------------|--------------|

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|--------------------------------|------|--|---------|-------------------|-------|
| Type of donation: (Circle one) | Cash | <input checked="" type="radio"/> Check | Amount: | 750 ⁰⁰ | Other |
|--------------------------------|------|--|---------|-------------------|-------|

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| Other gift description including purpose and restrictions on donation: | Teacher needs |
|--|---------------|

| | | | | |
|--|-----|--------------------------|----|-------------------------------------|
| Was anything of value received in exchange for donation? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|--|-----|--------------------------|----|-------------------------------------|

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|---------------------------------------|--|
| If yes, description and dollar value: | |
|---------------------------------------|--|

| | |
|------------------------------|--|
| Federal ID # (if applicable) | |
|------------------------------|--|

Jennifer David
Person accepting donation
7-12-23
Date

Rachel Wingo
Principal
7-12-23
Date

*Form shall be filled out for all donations valued at \$250 or more

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

| | |
|-----------------|------------------------|
| School: | Providence Elementary |
| School Address: | 470 South Broadway St. |
| | Providence, KY. 42450 |

RECEIPT #

Fiscal Year Ending: 2024

School Federal ID: 61-6001270

Date of gift: 7-12-23

Donor Name: VFW + Aux Post 5484

| | |
|----------------|----------------------------|
| Donor Address: | VFW + Aux Post 5484 |
| | street address |
| | 2321 VFW Ln |
| | street address (continued) |
| | Providence Ky 42450 |
| | city state zip code |

Sent to Board 7/21/23

Donor Phone Number: 270-6067-5805

Type of donation: (Circle one) Cash Check Amount: 2750⁰⁰ Other

Other gift description including purpose and restrictions on donation:
Pick my Kid Safety Program

Was anything of value received in exchange for donation? Yes No

If yes, description and dollar value:

Federal ID # (if applicable)

Jennifer David
Person accepting donation

Rachel Wayne
Principal

7-12-23
Date

7-12-23
Date

*Form shall be filled out for all donations valued at \$250 or more

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

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|--|
| School: Providence Elementary |
| School Address: 470 South Broadway St. |
| Providence, KY. 42450 |

RECEIPT # 1002085

Fiscal Year Ending: 2024

School Federal ID 61-6001270

Date of gift: 10/16/23

Donor Name: Smith Metals Recycling

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|-------------------------------------|
| Donor Address: 501 US Highway 41-AW |
| street address |
| street address (continued) |
| Providence Ky 42450 |
| city state zip code |

Donor Phone Number: 270-667-7350

Type of donation: (Circle one) Cash Check Amount: 250.00 Other

Other gift description including purpose and restrictions on donation:
Sensory/Calming room

Was anything of value received in exchange for donation? Yes No

If yes, description and dollar value:

Federal ID # (if applicable)

[Signature]
Person accepting donation

[Signature]
Principal

10/18/23
Date

10/18/23
Date

*Form shall be filled out for all donations valued at \$250 or more

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School: Providence Elementary
School Address: 470 South Broadway St.
Providence, KY. 42450

RECEIPT # LEO 2087

Fiscal Year Ending: 2024

School Federal I 61-6001270

Date of gift: 10/18/23

Donor Name: Thrifty Pharmacy

Donor Address: 127 East Main
street address
Providence Ky 42450
street address (continued)
city state zip code

Donor Phone Number: 270-667-2049

Type of donation: (Circle one) Cash Check Amount: 50⁰⁰ Other

Other gift description including purpose and restrictions on donation:
Sensory/Calmng room

Was anything of value received in exchange for donation? Yes No

If yes, description and dollar value:

Federal ID # (if applicable)

[Signature]
Person accepting donation
10/31/23
Date

[Signature]
Principal
10/31/23
Date

*Form shall be filled out for all donations valued at \$250 or more

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

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| School: Providence Elementary |
| School Address: 470 South Broadway St. |
| Providence, KY. 42450 |

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| RECEIPT # 602096 |
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|--------------------------|
| Fiscal Year Ending: 2024 |
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|----------------------------|
| School Federal 161-6001270 |
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|-----------------------|
| Date of gift: 11/3/23 |
|-----------------------|

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|---|
| Donor Name: Clint Pro - Attorney at Law |
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|--------------------------------|
| Donor Address: 112 N. Broadway |
| street address |
| street address (continued) |
| Providence Ky 42450 |
| city state zip code |

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|---------------------|
| Donor Phone Number: |
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|---|
| Type of donation: (Circle one) Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> Amount: 100 ⁰⁰ Other <input type="checkbox"/> |
|---|

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|--|
| Other gift description including purpose and restrictions on donation: Sensory / Calming room |
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| Was anything of value received in exchange for donation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
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|---------------------------------------|
| If yes, description and dollar value: |
|---------------------------------------|

| |
|------------------------------|
| Federal ID # (if applicable) |
|------------------------------|

[Signature]
Person accepting donation

[Signature]
Principal

11/14/23
Date

11/14/23
Date

*Form shall be filled out for all donations valued at \$250 or more