

**SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM**

School: <u>EPES</u>
School Address:

RECEIPT # <u>7079</u>

Fiscal Year Ending: <u>FY: 2026</u>

Date of gift: <u>9.2.25</u>

School Federal ID # <u>61-6001306</u>

Donor Name: <u>EPES PTO</u>

Donor Address:		
<u>street address</u>		
<u>street address (continued)</u>		
<u>city</u>	<u>state</u>	<u>zip code</u>

Donor Phone Number:

Type of donation: (Circle one) Cash <u>#1203</u> <u>Check</u> Amount: <u>2000. -</u> Other

Other gift description including purpose and restrictions on donation: <u>Safety Shades</u>
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Was anything of value received in exchange for donation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If yes, description and dollar value:

Donors Federal ID # (if applicable)

Iman Cheston 9-2-25
Person accepting donation Date

G. J. [Signature] 9-2-25
Principal Date

*Tech Dept/Facilities Date

*Superintendent Date

*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level

*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F22 Account.

*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	Oldham County Schools Arts Center
School Address:	7105 Floydsburg Road
	Crestwood, KY 40014

RECEIPT #	AC-4086
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Fiscal Year Ending:	FY2020
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Date of gift:	7/24/2025
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School Federal ID #	61-6001306
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Donor Name:	J Michael Spa and Salon LLC
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Donor Address:	4121 Shelbyville Road, STE 1		
	street address		
	street address (continued)		
	Louisville	KY	40207
	city	state	zip code

Donor Phone Number:	N/A
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Type of donation: (Circle one)	Cash	Check	\$3,270.00	<input type="checkbox"/>	Other
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Other gift description including purpose and restrictions on donation:	
	OCS Arts Center Theatre Department

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:	

Donors Federal ID # (if applicable)	
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Trina Lynn Jackson	8/24/2025
Person accepting donation	Date

Alvin MacWilliams	
Principal	Date

*Tech Dept/Facilities	Date
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*Superintendent	Date
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DEPOSIT IT TO: 221990-1920-7850

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School: <u>SOUTH OLDHAM HIGH SCHOOL</u>	RECEIPT # <u>52255</u>
School Address: <u>5901 VETERANS MEMORIAL PKWY</u>	Fiscal Year Ending: <u>2026</u>
<u>CRESTWOOD KY 40014</u>	School Federal ID # <u>61-6001306</u>
Date of gift: <u>8-29-25</u>	

Donor Name: Bobbie Schacht

Donor Address:		
<u>street address</u>		
<u>street address (continued)</u>		
<u>city</u>	<u>state</u>	<u>zip code</u>

Donor Phone Number:

#54781603

Type of donation: (Circle one)	Cash	<input checked="" type="radio"/> Check	Amount: <u>1000</u>	Other
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Other gift description including purpose and restrictions on donation:
\$1000 FB, \$1000 WRESTLING, \$2000 B Basketball, \$1000 Welding, \$1000 Art (Auto)

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

If yes, description and dollar value:

NA

Donors Federal ID # (if applicable)

[Signature]
 Person accepting donation

8/29/25
 Date

Melissa Woodin 8-29-25
 Principal Date

*Tech Dept/Facilities

Date

*Board Approval

Date

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SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	OCHS
School Address:	

RECEIPT #

Fiscal Year Ending:	FY2022
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Date of gift:	8-21-22
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School Federal ID #	61-6001306
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Donor Name:	Wilborn Foundation
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Donor Address:	2102 Ashcraft Ln
street address	
street address (continued)	
Louisville	KY 40242
city	state zip code

Donor Phone Number:

Type of donation: (Circle one)	Cash	Check	Amount:	1000.00	Other
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Other gift description including purpose and restrictions on donation:	Bass Team
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Was anything of value received in exchange for donation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, description and dollar value:

Donors Federal ID # (if applicable)	
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Paul Holien	8/21/25	Michael Brown	8/22/21
Person accepting donation	Date	Principal	Date

*Tech Dept/Facilities	Date	*Superintendent	Date
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SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School: SOUTH OLDHAM HIGH SCHOOL	RECEIPT # 52245
School Address: 5901 VETERANS MEMORIAL PKWY	Fiscal Year Ending: 2026
CRESTWOOD KY 40014	School Federal ID # 61-6001306
Date of gift: 8-26-25	

Donor Name: **HASKELL & MORRISON Funeral Home**

Donor Address: 208 Ferry St. <small>street address</small>		
Veray TN 47043 <small>street address (continued) city state zip code</small>		

Donor Phone Number:

#56771

Type of donation: (Circle one) Cash Check Amount: **1250.00** Other

Other gift description including purpose and restrictions on donation:
in memory E JAMES split betw BIG Basketball

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

If yes, description and dollar value:

Donors Federal ID # (if applicable)

[Signature]
Person accepting donation

8-26-25
Date

[Signature]
Principal

8-26-25
Date

*Tech Dept/Facilities

Date

*Board Approval

Date

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SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School: SOUTH OLDHAM HIGH SCHOOL	RECEIPT # 52307
School Address: 5901 VETERANS MEMORIAL PKWY	Fiscal Year Ending: 2026
CRESTWOOD KY 40014	School Federal ID # 61-6001306
Date of gift: 9-12-25	

Donor Name: **Petal Sports Marketing INC**

Donor Address: 10150 Mallard Creek Rd
<small>street address</small>
Suite 500
<small>street address (continued)</small>
Charlottesville NE 28262
<small>city state zip code</small>

Donor Phone Number:

#156166

Type of donation: (Circle one) Cash Check Amount: **1000.-** Other

Other gift description including purpose and restrictions on donation:

Football

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

If yes, description and dollar value:

NA

Donors Federal ID # (if applicable)

Laura S. Hall

Person accepting donation

9/12/25

Date

Melissa Woodley

Principal

Date

*Tech Dept/Facilities

Date

*Board Approval

Date

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SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	SOUTH OLDHAM HIGH SCHOOL	Receipt #	52321
School Address:	5901 VETERANS MEMORIAL PKWY	Fiscal Year Ending:	2026
	CRESTWOOD KY 40014	School Federal ID #	61-6001306
Date of gift:	9-15-25		

Donor Name: Joshua Charlet

Donor Address: 5410 Centerwood Dr
street address

street address (continued)
Crestwood KY 40014
city state zip code

Donor Phone Number:

Donor Phone Number: _____

#2422

Type of donation: (Circle one) Cash Check Amount: 1000.- Other _____

Other gift description including purpose and restrictions on donation:
Girls Soccer

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

If yes, description and dollar value:
NA

Donors Federal ID # (if applicable)

Kaura S Hall 9/15/25 Melissa Woosley 9-15-25
Person accepting donation Date Principal Date

*Tech Dept/Facilities	Date	*Board Approval	Date
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