

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	Oldham County High School
School Address:	

RECEIPT #

Fiscal Year Ending:	SY25/26
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Date of gift:	4/22/2026
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School Federal ID #

Donor Name:	OCAB
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Donor Address:	street address
	street address (continued)
	city state zip code

Donor Phone Number:

Type of donation: (Circle one)	Cash	Check	Amount:	\$1,000.00	Other
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Other gift description including purpose and restrictions on donation:	Cheer to support 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:	
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Donors Federal ID # (if applicable)	
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Paul Holien 4/22/2026

 Person accepting donation Date

Walter Brown 4/22/26

 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 F21 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.

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School Federal ID #

Donor Name:	OCAB
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Donor Address:	
	street address
	street address (continued)
	city state zip code

Donor Phone Number:

Type of donation: (Circle one)	Cash	Check	Amount:	\$5,000.00	Other
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Other gift description including purpose and restrictions on donation:
Boys Basketball to support team

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 4/22/2026
 Person accepting donation Date

 4/22/26
 Principal Date

***Tech Dept/Facilities** Date

***Superintendent** Date

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Donor Name:	OCAB
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Donor Address:	_____
	street address

	street address (continued)

	city state zip code

Donor Phone Number:

Type of donation: (Circle one)	Cash	Check	Amount:	\$500.00	Other
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Other gift description including purpose and restrictions on donation:
Girls Basketball to support team

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 4/22/2026
 Person accepting donation Date

Natal Brown 4/22/26
 Principal Date

***Tech Dept/Facilities** _____
 Date

***Superintendent** _____
 Date

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