

### SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	SCHOOL
School Address:	

RECEIPT #
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Fiscal Year Ending:	SY25/26
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Date of gift:	5/12/2026
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School Federal ID #
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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:
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Type of donation: (Circle one)	Cash	Check	Amount:	\$500.00	Other
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Other gift description including purpose and amount
GIRLS VOLLEYBALL TEAM SUPPORT

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  
Person accepting donation

5/12/2026  
Date

*Walter Brown*  
Principal

5/12/2026  
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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Donor Name:	OCAB
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Donor Address:	street address
	street address (continued)
	city state zip code

Donor Phone Number:	
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Type of donation: (Circle one)	Cash	Check	Amount:	\$1,700.00	Other
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Other gift description including purpose and	SOFTBALL TEAM SUPPORT
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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	5/12/2026	<i>Katalina</i>	5/12/26
Person accepting donation	Date	Principal	Date

*Tech Dept/Facilities		*Superintendent	
	Date		Date

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School Federal ID #
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Donor Name:	OCAB
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Donor Address:	street address			
	street address (continued)			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">city</td> <td style="width: 33%; border: none;">state</td> <td style="width: 33%; border: none;">zip code</td> </tr> </table>	city	state	zip code
city	state	zip code		

Donor Phone Number:
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Type of donation: (Circle one)	Cash	Check	Amount:	\$2,221.00	Other
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Other gift description including purpose and amount
FOOTBALL TEAM SUPPORT

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 5/12/2026  
 \_\_\_\_\_  
 Person accepting donation Date

*Kate [Signature]* 5/12/26  
 \_\_\_\_\_  
 Principal Date

**\*Tech Dept/Facilities** \_\_\_\_\_  
Date

**\*Superintendent** \_\_\_\_\_  
Date

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

Donor Phone Number:	
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Type of donation: (Circle one)	Cash	Check	Amount:	\$661.00	Other
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Other gift description including purpose and	GIRLS BB TEAM SUPPORT
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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 5/12/2026  
 Person accepting donation Date

*W. Albin* 5/12/26  
 Principal Date

**\*Tech Dept/Facilities** Date

**\*Superintendent** Date

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

Donor Phone Number:	
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Type of donation: (Circle one)	Cash	Check	Amount:	\$1,000.00	Other
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Other gift description including purpose and	ARCHERY 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:	

Donors Federal ID # (if applicable)	
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PAUL HOLIEN	5/12/2026	<i>Kathleen</i>	5/12/26
Person accepting donation	Date	Principal	Date

*Tech Dept/Facilities	Date
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*Superintendent	Date
-----------------	------

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