

Receipt Review Printout
South Hopkins Middle School

Receipts where a detail line's description is donation

Receipt #	Date	Dep. ID	Account #	Amount	Description	Reconciled	Receiptee Name
✓ 749	3/25/2026	702	3015.000	\$115.36	YSC- KROGER DONATION	Yes	DAWN MILLER
✓ 708	1/20/2026	632	4005.000	\$250.00	DONATION-GIRLS BASKETBALL	Yes	NANCY OLDHAM
✓ 704	1/16/2026	631	3015.000	\$855.00	YSC-DONATION	Yes	KRISTIN MACKEY
✓ 688	12/9/2025	604	3506.000	\$75.00	BAND- DONATION FROM KIWANIS CL	Yes	ZACHARY LANG
✓ 677	12/4/2025	597	3015.000	\$66.17	DONATION FROM TEAM HOPKINS DAY	Yes	HOPKINS COUNTY BOARD OF EDUCAT
✓ 656	11/20/2025	573	3015.000	\$150.00	YSC- DONATION	Yes	KRISTIN MACKEY
✓ 655	11/20/2025	573	4005.000	\$25.00	GIRLS BASKETBALL DONATION	Yes	KENT AKIN
✓ 608	11/3/2025	536	3015.000	\$300.00	DONATION TO FRYSC	Yes	KRISTIN MACKEY
✓ 593	10/23/2025	521	3015.000	\$327.94	DONATION TO FRYSC	Yes	DAWN MILLER
✓ 570	10/1/2025	500	3026.000	\$1,500.00	DONATION FOR HOUSE TSHIRTS	Yes	HOPKINS COUNTY BOARD OF EDUCAT
✓ 561	9/26/2025	490	3015.000	\$535.00	BACK PACK BLESSINGS DONATION	Yes	KRISTIN MACKEY
✓ 560	9/26/2025	490	3015.000	\$300.00	BACK PACK BLESSINGS DONATION	Yes	KRISTIN MACKEY
✓ 552	9/24/2025	483	3036.000	\$10.00	DONATION TO SPECIAL NEEDS	Yes	DAWN MILLER
✓ 537	9/19/2025	477	3036.000	\$8.75	DONATION	Yes	LACEY CUMMINGS
✓ 504	8/27/2025	435	4010.000	\$300.00	FOOTBALL DONATIONS	Yes	LYDON LOGAN
		✓ 435	4010.000	\$50.00	FOOTBALL DONATIONS	Yes	

Total for Receipt # 504 **\$350.00**

✓ 499	8/21/2025	430	4000.000	\$175.00	Memorial Donation	Yes	KENT AKIN
✓ 494	8/18/2025	420	4000.000	\$45.00	Memorial Donation	Yes	KENT AKIN
✓ 492	8/15/2025	418	4000.000	\$50.00	Memorial Donation	Yes	KENT AKIN
✓ 483	8/11/2025	409	3015.000	\$200.00	DONATION (BACKPACK BLESSINGS)	Yes	KRISTIN MACKEY
451	5/22/2025	380	4010.000	\$100.00	DONATION	Yes	LYDON LOGAN
377	2/7/2025	288	3513.000	\$200.00	DONATION TO BOYS BSKTB BANQUET	Yes	JENNIFER EDWARDS
375	2/5/2025	284	3015.000	\$200.00	DONATION	Yes	KRISTIN MACKEY
365	1/2/2025	272	3015.000	\$1.67	DONATION	Yes	KRISTIN MACKEY
		272	3015.000	\$70.00	DONATION - MONROE	Yes	

*Donation
Total
\$5338.27*

THESE ARE PREVIOUS YEAR

Receipt #	Date	Dep. ID	Account #	Amount	Description	Reconciled	Receiptee Name
Total for Receipt # 365				<u>\$71.67</u>			
362	12/18/2024	270	3026.000	\$110.00	DONATION	Yes	JENNIFER HIBBS
360	12/18/2024	270	3015.000	\$250.00	DONATION	Yes	KRISTIN MACKEY
350	12/10/2024	258	3020.000	\$50.00	DONATION	Yes	JULIE FRANKLIN
330	12/3/2024	246	3036.000	\$250.00	DONATION	Yes	LAUREN BROWN
170	8/14/2024	89	4010.000	\$300.00	DONATION	Yes	LYDON LOGAN
166	8/6/2024	78	3015.000	\$250.00	DONATION	Yes	KRISTIN MACKEY
164	7/30/2024	73	4010.000	\$200.00	DONATION	Yes	LYDON LOGAN
44	2/14/2024	19	4007.000	\$650.00	DONATIONS	Yes	AVREY HULSE
40	2/12/2024	17	3015.000	\$1,000.00	DONATION FROM CENTRAL OFFICE	Yes	KRISTIN MACKEY
11	1/9/2024	2	3015.000	\$533.20	DONATION FROM CENTRAL OFFICE	Yes	HOPKINS COUNTY BOARD OF EDUCAT
4	1/3/2024	1	3015.000	\$250.00	DONATION	Yes	VICTORU CHURCH

THESE ARE PREVIOUS YEARS

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: SHMS
School Address:

RECEIPT # 749

Fiscal Year Ending: 25/26

School Federal ID #

Date of gift: 3-23-26

Donor Name: Kroger to CVSC

Donor Address: 1014 Vine St.
street address

street address (continued)-
Cincinnati OH 45202
city state zip code

Donor Phone Number:

Type of donation: (Circle one) Cash ☐ Check ☒ Amount: 115.36 Other

Other gift description including purpose and restrictions on donation: Kroger donation to Family Resource Center

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

If yes, description and dollar value:

Federal ID # (if applicable):

D Miller
Person accepting donation

3/23/26
Date

John Richey
Principal

3-26-26
Date

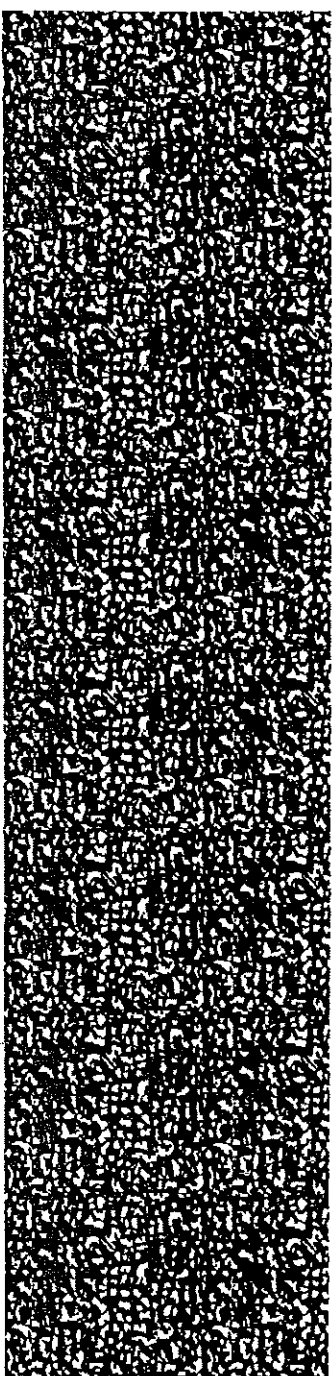
*Form shall be filled out for all donations valued at \$250 or more

Division 2024 Date 2026-03-17 Invoice/Description CRL_1573_RL269 Batch No. 60242 Net Amount 115.36 Store 090649
Thank you for partnering with us, in Kroger Community Rewards, our community fundraising program. We sincerely appreciate your business!

The Kroger Co.

Organization No.	Date	Check No.	Totals
	March 18, 2026	504582140	115.36

HIGHLY SATISFIED CUSTOMERS MADE THIS CHECK POSSIBLE
To Remove Document Fold and Tear Along This Perforation



SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: <u>SHMS</u>
School Address:

RECEIPT # <u>7108</u>

Fiscal Year Ending: <u>25/26</u>

School Federal ID #

Date of gift: <u>1-20-26</u>

Donor Name: <u>Parents of Basketball</u>
--

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

Donor Phone Number:

Type of donation: (Circle one) <u>Cash</u> Check Amount: <u>250.00</u> Other
--

Other gift description including purpose and restrictions on donation: <u>For basketball (girls)</u>

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

If yes, description and dollar value:

Federal ID # (if applicable):

Nancy Oldham
Person accepting donation1-20-26
DateJan Riekey
Principal
1-20-26
Date

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

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: SHMS
School Address:

RECEIPT # 104

Fiscal Year Ending: 25/26

School Federal ID #

Date of gift: 1-16-26

Donor Name: Covenant Community Church Members

Donor Address: 1055 N. Main St.
street address

Madisonville, Ky 42431
street address (continued)-
city state zip code

Donor Phone Number: 270-821-2000

Type of donation: (Circle one) Cash 305.00 650.00 Amount: \$955.00 Other

Other gift description including purpose and restrictions on donation:
YSC donation

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

If yes, description and dollar value:

Federal ID # (if applicable):

Kristin M. [Signature]
Person accepting donation

[Signature]
Principal

1/16/26
Date

1-16-26
Date

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

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: <u>SHMS</u>
School Address:

RECEIPT # <u>688</u>

Fiscal Year Ending: <u>25/26</u>

School Federal ID #

Date of gift: <u>12-6-25</u>

Donor Name: <u>Kiwanis Club of Madisonville</u>

Donor Address: <u>PO Box 1331</u>
street address
<u>Madisonville, Ky 42431</u>
street address (continued)
city state zip code

Donor Phone Number:

Type of donation: (Circle one) Cash <u>Check</u> Amount: <u>75.00</u> Other
--

Other gift description including purpose and restrictions on donation: <u>Participation donation - Christmas Parade</u>

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

If yes, description and dollar value:

Federal ID # (if applicable):

Maebab Serr
Person accepting donation

Janet Ches
Principal

12-8-25
Date

12-8-25
Date

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

KIWANIS CLUB OF MADISONVILLE

12/04/2025

South Hopkins M. S. Band

Christmas Parade

1135

75.00

E Accounts:FUB - Eleemosynary Funds

Christmas Parade

75.00

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: SHDDS
School Address:

RECEIPT # 677

Fiscal Year Ending: 25/26

School Federal ID #

Date of gift: 6.17

Donor Name: Hopkins Co Board of Education (Team Hopkins Day) YSC Acct
--

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

Donor Phone Number:

Type of donation: (Circle one) Cash ☐ Check ☒ Amount: 6.17 Other

Other gift description including purpose and restrictions on donation: YSC donation from team hopkins day.

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

If yes, description and dollar value:

Federal ID # (if applicable):

Person accepting donation D. Miller
--

Principal John Rickey

Date 12-4-25

Date 12-8-25

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

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: <u>SHMS YSC</u>
School Address: <u>9140 Hopkinsville Rd</u>
<u>Nortonville Ky 42442</u>

RECEIPT # <u>651</u>

Fiscal Year Ending: <u>25/26</u>

School Federal ID #

Date of gift: <u>11/19/2025</u>

Donor Name: <u>Cynthia Ray</u>

Donor Address: <u>148 Eastnew Drive</u>
street address
street address (continued)-
<u>Madisonville Ky 42431</u>
city state zip code

Donor Phone Number:

Type of donation: (Circle one) Cash ☐ Check ☒ Amount: <u>\$150.00</u> Other
--

Other gift description including purpose and restrictions on donation: <u>YSC</u>
--

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

If yes, description and dollar value:

Federal ID # (if applicable)

Person accepting donation Kristin Mackay

Date 11/20/25

Principal Jackie Ray

Date 11-20-25

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

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: <u>SHMS</u>
School Address:

RECEIPT # <u>655</u>

Fiscal Year Ending: <u>25/26</u>

School Federal ID #

Date of gift: <u>11-19-25</u>

Donor Name: <u>Brandon D & Amber Hight</u>
--

Donor Address: <u>6060 Red Hill Rd.</u>
street address
street address (continued)-
<u>White Plains, Ky</u> <u>42464</u>
city state zip code

Donor Phone Number: <u>270-871-8765</u>

Type of donation: (Circle one) Cash ☐ Check ☒ Amount: <u>25.00</u> Other

Other gift description including purpose and restrictions on donation: <u>Donation to Girls Basketball</u>

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

If yes, description and dollar value:

Federal ID # (if applicable):

<u>Rui Mackey</u>
Person accepting donation

<u>11-19-25</u>
Date

<u>Jan Riley</u>
Principal

<u>11-20-25</u>
Date

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

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: <u>SHMS</u>
School Address:

RECEIPT # <u>608</u>

Fiscal Year Ending: <u>2025/2026</u>

School Federal ID #

Date of gift: <u>10-28-25</u>

Donor Name: <u>Victory Church</u>

Donor Address: <u>615 Brown Rd.</u>
street address
street address (continued)-
<u>Madisonville Ky</u>
city state zip code

Donor Phone Number: <u>270-821-7777</u>

Type of donation: (Circle one) Cash ☐ Check ☒ Amount: <u>300.00</u> Other
--

Other gift description including purpose and restrictions on donation: <u>Donation for YSC</u>

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

If yes, description and dollar value:

Federal ID # (if applicable):

<u>D Miller</u>
Person accepting donation

<u>10-30-25</u>
Date

<u>[Signature]</u>
Principal
<u>11-4-25</u>
Date

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

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: SHMS
School Address:

RECEIPT # 593
Fiscal Year Ending: 2025 2026

School Federal ID #

Date of gift: 9-23-25

Donor Name: GE'S CAFE VENDOR # 1712

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

Donor Phone Number:

Type of donation: (Circle one) Cash <u>Check</u> Amount: 329.94 Other

Other gift description including purpose and restrictions on donation: Received check from Board Office CK# 332009 10-17-2025 FOR VSC

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

If yes, description and dollar value:

Federal ID # (if applicable):

D Miller

Person accepting donation

10-23-25

Date

Principal

Date

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

INVOICE DATE	INVOICE NUMBER	DESCRIPTION	INVOICE AMOUNT
09/23/2025	0002747314	DONATION TO FRYSC FROM GE'S CAF GL#:0002037 - 0680 - 0145	\$327.94

Vendor No	Vendor Name	Check No	Check Date	Check Amount
7772	SHMS ACTIVITY FUND	332009	10/17/2025	\$327.94

Vendor No	Vendor Name	Check No	Check Date	Check Amount
7772	SHMS ACTIVITY FUND	332009	10/17/2025	\$327.94

9-16-25
original form sent to B.O.
F-SA-18

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

Receipt date 10/1/25

School: SHMS
School Address:

RECEIPT # 570

Fiscal Year Ending: 2025 / 2026

School Federal ID #

Date of gift: 9/15/25

Donor Name: City of Mornings Gap

Donor Address: PO Box 367
street address

Mornings Gap, KY 42440
city state zip code

Donor Phone Number: 270-258-5362

Type of donation: (Circle one) Cash ☐ Check ☒ Amount: 1500.00 Other

Other gift description including purpose and restrictions on donation: T-shirts To pay for house

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

If yes, description and dollar value:

Federal ID # (if applicable):
Ron Mackey
Person accepting donation

9-15-25
Date

Gardner
Principal
9-16-25
Date

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

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER, A VOID PANTOGRAPH AND MICROPRINTING

CITY OF MORTONS GAP
P.O. BOX 367
MORTONS GAP, KY 42440
270-258-5362

FIRST UNITED BANK
AND TRUST COMPANY
www.firstunitedbank.com

250
1999 2525

PAY TO THE
ORDER OF

SOUTH HOPKINS MIDDLE SCHOOL

DATE 10/2025

\$ 1,500.00

One thousand five hundred and 00/100*****

DOLLARS

SOUTH HOPKINS MIDDLE SCHOOL
SOUTH HOPKINS MIDDLE SCHOOL

MEMO

AUTHORIZED SIGNATURE

⑈002525⑈ ⑆083902507⑆ ⑆501 280 5⑈

CITY OF MORTONS GAP
09/10/2025

SOUTH HOPKINS MIDDLE SCHOOL

2525

Date
09/09/2025

Type
Bill

Reference

Original Amount
1,500.00

Balance Due
1,500.00

Payment
1,500.00
1,500.00

Check Amount

To pay for House T Shirts

UNrestricted Cash:Cr

1,500.00

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: SHMS
School Address:

RECEIPT # 561

Fiscal Year Ending: 25/26

School Federal ID #

Date of gift: 9/26/25

Donor Name: Service Radiator Inc & Misc people
--

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

Donor Phone Number:

Type of donation: (Circle one) ☒ Cash ☐ Check ☐ Other
Amount: 535.00

Other gift description including purpose and restrictions on donation:
Backpack Blessings

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

If yes, description and dollar value:

Federal ID # (if applicable):	
Kristin Mackey	Jay Richey
Person accepting donation	Principal
9/26/25	9-26-25
Date	Date

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

**SCHOOL ACTIVITY FUND
MULTIPLE RECEIPT FORM**

F-SA-6

School	SHMS
Activity Account	YSC
Grade (Circle one)	K-5 6 7 8 9 10 11 12 Multiple

Receipt #	560 + 561
Purpose	Backpack Blessing Program
Teacher/Sponsor	Kristin Mackey

#	Signature or Printed Name	Cash Amount	Check Amount	Check #
1	* Andrea Nance		300.00	4621
2	Service Radiator Inc.		200.00	3999
3	Misc.	335.00		
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

#	Signature or Printed Name	Cash Amount	Check Amount	Check #
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

Total Cash	\$335.00
Total Checks	\$500.00
Total	\$835.00

* Check from Nance
Is on Receipt # 560.
Over \$250 donation

Students 6th grade and above must sign form as they turn in money. K-5th grade: Teacher/sponsor may print names. The form and collected money must be given to the school treasurer daily. The school treasurer will complete the Recapitulation section and issue a receipt. Printed name acceptable for any student unable to sign.

Office Use Only Recapitulation Section:	Total Amount Remitted	\$835.00
--	-----------------------	----------

Kristin Mackey
 Person Remitting Money
 9/26/25
 Date

Kristin Mackey
 School Treasurer
 9/26/25
 Date

White copy: School Treasurer

Yellow copy: for Teacher or Sponsor

OFFICIAL RECEIPT
South Hopkins Middle School

No. 560

SOUTH HOPKINS MIDDLE SCHOOL
9140 HOPKINSVILLE ROAD
NORTONVILLE, KY 42442
270-825-6125

Effective Date : 9/26/2025

Receipt Number : 560

Received From : KRISTIN MACKEY
YSC COORDINATOR

Receipt Total :	DESCRIPTION	Cash Amt :	AMOUNT	Check Amt :
\$300.00	BACK PACK BLESSINGS DONATI	3015.000	\$0.00	\$300.00
			Family Resource Cente	\$300.00

INITIALS _____

Printed : 9/26/2025 1:32:07 PM

Received By: Kristin Mackey
OFFICE COPY

REORDER ONLINE AT [SUPPLIES.SCHOOLCASH.COM](https://supplies.schoolcash.com) 32533995.PDF 3-21-2025-L

OFFICIAL RECEIPT
South Hopkins Middle School

No.

561

SOUTH HOPKINS MIDDLE SCHOOL
9140 HOPKINSVILLE ROAD
NORTONVILLE, KY 42442
270-825-6125

Effective Date : 9/26/2025

Receipt Number : 561

Received From : KRISTIN MACKEY
YSC COORDINATOR

Receipt Total :	DESCRIPTION	Cash Amt :	AMOUNT	Check Amt :
\$535.00	BACK PACK BLESSINGS DONATI	3015.000	\$335.00	\$200.00
			Family Resource Cente	\$535.00

INITIALS _____

Printed : 9/26/2025 1:38:10 PM

Received By: Kristin Mackey
OFFICE COPY

REORDER ONLINE AT [SUPPLIES.SCHOOLCASH.COM](https://supplies.schoolcash.com) 32533995.PDF 3-21-2025-L

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: <u>SHMS</u>
School Address:

RECEIPT # <u>560</u>

Fiscal Year Ending: <u>2025</u> / <u>2026</u>

School Federal ID #

Date of gift: <u>9-26-25</u>

Donor Name: <u>Andrea Nance</u>

Donor Address: <u>754 THORNHILL RD</u>
street address
street address (continued)-
<u>Madisonville, Ky</u> <u>42442</u>
city state zip code

Donor Phone Number:

Type of donation: (Circle one) Cash ☐ Check ☒ Amount: <u>300.00</u> Other
--

Other gift description including purpose and restrictions on donation: <u>Backpack Blessings - YSC</u>

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

If yes, description and dollar value:

Federal ID # (if applicable):	
<u>Kristin Mackey</u>	<u>[Signature]</u>
Person accepting donation	Principal
<u>9-26-25</u>	<u>9-26-25</u>
Date	Date

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

**SCHOOL ACTIVITY FUND
MULTIPLE RECEIPT FORM**

F-SA-6

School	SHMS
Activity Account	YSC
Grade (Circle one)	K-5 6 7 8 9 10 11 12 Multiple

Receipt #	560 & 561
Purpose	Backpack Blessing Program
Teacher/Sponsor	Kristin Mackey

#	Signature or Printed Name	Cash Amount	Check Amount	Check #
1	* Andrea Nance		300.00	4621
2	Service Radiator Inc.		200.00	3999
3	Misc.	335.00		
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

#	Signature or Printed Name	Cash Amount	Check Amount	Check #
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

Total Cash	\$335.00
Total Checks	\$500.00
Total	\$835.00

* Check from Nance
Is on Receipt # 560.
Over \$250 donation

Students 6th grade and above must sign form as they turn in money. K-5th grade: Teacher/sponsor may print names. The form and collected money must be given to the school treasurer daily. The school treasurer will complete the Recapitulation section and issue a receipt. Printed name acceptable for any student unable to sign.

Office Use Only Recapitulation Section:	Total Amount Remitted	\$835.00
--	-----------------------	----------

Kristin Mackey
 Person Remitting Money
 9/26/25
 Date
 White copy: School Treasurer

Kristin Mackey
 School Treasurer
 9/26/25
 Date
 Yellow copy: for Teacher or Sponsor

OFFICIAL RECEIPT
South Hopkins Middle School

No.

560

SOUTH HOPKINS MIDDLE SCHOOL
9140 HOPKINSVILLE ROAD
NORTONVILLE, KY 42442
270-825-6125

Effective Date : 9/26/2025

Receipt Number : 560

Received From : KRISTIN MACKEY
YSC COORDINATOR

Receipt Total : \$300.00

Cash Amt :

\$0.00

Check Amt :

\$300.00

BACK PACK BLESSINGS DONATI

3015.000

Family Resource Cente

\$300.00

INITIALS _____

Printed : 9/26/2025 1:32:07 PM

Received By Kristin Mackey
OFFICE COPY

REORDER ONLINE AT SUPPLIES.SCHOOLCASH.COM 32533995.PDF 3-21-2025-1

OFFICIAL RECEIPT
South Hopkins Middle School

No.

561

SOUTH HOPKINS MIDDLE SCHOOL
9140 HOPKINSVILLE ROAD
NORTONVILLE, KY 42442
270-825-6125

Effective Date : 9/26/2025

Receipt Number : 561

Received From : KRISTIN MACKEY
YSC COORDINATOR

Receipt Total : \$535.00

Cash Amt :

\$335.00

Check Amt :

\$200.00

BACK PACK BLESSINGS DONATI

3015.000

Family Resource Cente

\$535.00

INITIALS _____

Printed : 9/26/2025 1:38:10 PM

Received By Kristin Mackey
OFFICE COPY

REORDER ONLINE AT SUPPLIES.SCHOOLCASH.COM 32533995.PDF 3-21-2025-1

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: SHMS
School Address:

RECEIPT # 552

Fiscal Year Ending: 25/26

School Federal ID #

Date of gift: 9-24-25

Donor Name: Cindy Ray

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

Donor Phone Number:

Type of donation: (Circle one) ☒ Cash ☐ Check Amount: 10.00 ☐ Other
--

Other gift description including purpose and restrictions on donation:
Donation for Field trip

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

If yes, description and dollar value:

Federal ID # (if applicable):

Turner Vaughn
Person accepting donation

9-24-25
Date

Jane Richer
Principal
9-24-25
Date

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

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: <u>SHMS</u>
School Address:

RECEIPT # <u>537</u>

Fiscal Year Ending: <u>25/26</u>

School Federal ID #

Date of gift: <u>9-19-25</u>

Donor Name: <u>Anonymous & Jennifer Hubbs</u>

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

Donor Phone Number:

Type of donation: (Circle one) ☒ Cash ☐ Check Amount: <u>8.75</u> Other
--

Other gift description including purpose and restrictions on donation:
<u>Donation for field trip</u>

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

If yes, description and dollar value:

Federal ID # (if applicable):	
<u>Lacey Cummings</u>	<u>Jennifer Hubbs</u>
Person accepting donation	Principal
<u>9/19/25</u>	<u>9-19-25</u>
Date	Date

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

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: SHMS
School Address:

RECEIPT # 504

Fiscal Year Ending: 2026

School Federal ID #

Date of gift: 8-27-25

Donor Name: Cavanaugh Pools

Donor Address: 951 National Mine Dr
street address
street address (continued)
Madisonville, Ky 42431
city state zip code

Donor Phone Number: 270-825-8513

Type of donation: (Circle one) Cash ☐ Check ☒ Amount: 250.00 OtherOther gift description including purpose and restrictions on donation:
FootballWas anything of value received in exchange for donation? Yes ☐ No ☒

If yes, description and dollar value:

Federal ID # (if applicable):

Lydon Logan
Person accepting donation8-27-25
Date

Principal
Date

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

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: SHMS
School Address:

RECEIPT # 499

Fiscal Year Ending: 25/26

School Federal ID #

Date of gift: 8-21-25

Donor Name: Rubyn Warren & Lisa Jolly

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

Donor Phone Number:

Type of donation: (Circle one) Cash ☐ Check ☒ Amount: 175.00 Other

Other gift description including purpose and restrictions on donation: Donation From Memorial of Nancy Oldham's mother.
--

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

If yes, description and dollar value:

Federal ID # (if applicable):	
Person accepting donation: Kent Akin	Principal: [Signature]
Date: 8-21-26	Date: 8-21-26

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

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: <u>SHMS</u>	RECEIPT # <u>494</u>
School Address:	Fiscal Year Ending: <u>25/26</u>

School Federal ID #

Date of gift: <u>8/18/26</u>

Donor Name: <u>Barbara Markwell & Clarence Patricia Martin</u>
--

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

Donor Phone Number:

Type of donation: (Circle one)	Cash	☒ Check	Amount: <u>45.00</u>	Other
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Other gift description including purpose and restrictions on donation:
<u>Donation From memorial OF Nancy Oldham's mem</u>

Was anything of value received in exchange for donation?	Yes ☐	No ☒
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If yes, description and dollar value:

Federal ID # (if applicable):	
<u>Kent A Kin</u>	<u>Jan Brey</u>
Person accepting donation	Principal
<u>8-18-25</u>	<u>8-18-25</u>
Date	Date

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

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: SHMS

School Address:

RECEIPT # 442

Fiscal Year Ending: 25/26

School Federal ID #

Date of gift: 8-15-25

Donor Name: Wade & Lisa Baker

Donor Address: 390 Wolf Hollow Rd.
street address

Manitou, Ky 42431
street address (continued) city state zip code

Donor Phone Number:

Type of donation: (Circle one) Cash ☐ Check ☒ Amount: 50.00 Other

Other gift description including purpose and restrictions on donation:
Athletics

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

If yes, description and dollar value: Athletics

Federal ID # (if applicable):

D Miller

Person accepting donation

8-15-25
Date

Jane Richey

Principal

8-15-25
Date

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

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

School: <u>SHMS</u>
School Address:

RECEIPT # <u>483</u>

Fiscal Year Ending: <u>2025</u> / <u>2026</u>

School Federal ID #

Date of gift: <u>8-11-25</u>

Donor Name: <u>Jeannie Morris</u>

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

Donor Phone Number:

Type of donation: (Circle one) Cash ☐ Check ☒ Amount: <u>200.00</u> Other
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Other gift description including purpose and restrictions on donation: <u>Backpack Blessings (YSC)</u>

Was anything of value received in exchange for donation? Yes ☐ No ☒
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If yes, description and dollar value:

Federal ID # (if applicable):

K Mackery
Person accepting donation

Date

8-11-25

Principal

Date

Jan Richman
8-11-25

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