

### SCHOOL ACTIVITY FUND DONATION ACCEPTANCE FORM

School: CCMS

Fiscal Year Ending:

Date of Gift: 2-20-14

Donor Name: Kathy Richards

Donor Address: 26 Sunflower Dr  
~~26~~ Street Address

Cabot  
Street Address (Continued)

Cabot AR 72023  
City State Zip Code

Donor Phone Number:

(Circle as appropriate)

Type of Donation: Cash  Check  Personal Property  Real Property  Service  Other

Other gift description including purpose and any restrictions on donation:  
#7706

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

If yes, description and dollar value:

[Signature]  
Principal

Feb. 24, 14  
Date