

New Canaan Public Schools Donation Form

Date: _____

New Canaan Public Schools
39 Locust Avenue
New Canaan, CT 06840

Dear Dr. Luizzi,

Please accept the following donation to the New Canaan Public Schools:

Donor: _____ (PTC or PFA Name)

Recipient: _____ (School or Program)

Amount: _____

Purpose: _____ (ie 10 iPads, playground equipment)

Sincerely,

Printed Name: _____

Signature: _____

Approval by Principal

Approval by Facilities Manager (if needed)

Signature: _____

Signature: _____

Date: _____

Date: _____

Approval by Superintendent

Approval by IT Manager (if needed)

Signature: _____

Signature: _____

Date: _____

Date: _____