



Donorschoose.org Approval Form

Person submitting this form _____

Brief Description and purpose of Donorschoose Request

\$ Amount of request _____

Is any technology part of request? Yes/No If yes will need approval of Director of Technology

Is any curriculum part of request? Yes/No If yes will need approval of Executive Director of Teaching and Learning

Signature of person setting up Donorschoose request _____ Date _____

Supervisor signature approval _____ Date _____

Director of Technology approval (if Needed) _____ Date _____

Ex. Director of Teaching and Learning (if Needed) _____ Date _____