

# MCS D PTO

## FUND REQUEST FORM

Your Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_

School:      Elm Drive      Alden Place      Middle School      High School

Amount Requested: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Number of Students to Benefit: \_\_\_\_\_

How will you acknowledge the PTO for this donation? \_\_\_\_\_

Other organizations helping to fund this & how much: \_\_\_\_\_

Description of Item or Program: *(Please explain how students will benefit and why the item or program is needed. If request is for a program, please include dates of program.)*

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*PTO works diligently to disburse funds equitably to our schools and uses the advice of the superintendent and other parent-teacher organizations such as Building Leadership Teams and the District Steering Committee. All disbursement of funds is subject to fund-raising success.*

**Building Principal Signature:** \_\_\_\_\_

**PTO President Signature:** \_\_\_\_\_