

**GIFTS TO SCHOOL**  
**LONG BRANCH PUBLIC SCHOOLS**  
 Long Branch, New Jersey

**SCHOOL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Organization, Contact Person Name, Address, Telephone Number	Gift	Purpose for Donation	Received Date	Monetary Value	if cash/check: Funds will be deposited into the following budget acct:

\_\_\_\_\_  
**Administrator/Principal**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Assistant Superintendent**

\_\_\_\_\_  
**Date**

FR/mg

09/24/2025