Seabrook School District
DONATION FORM

NAME OF DONOR: Seabrook PTO _____ Check here to remain Anonymous

Contact Address of Donor:
Seabrook PTO
256 Walton Road, Seabrook, N.H.

Contact Phone Number of Donor:
603-997-6198 (PTO President)

Contact Email of Donor:
Seabrook PTO

Donation Amount: $ 7,400

Mode of Receiving Donation (cash/(check)) If check, please record date and check number
Check # 2153 Date: 6/4/26

Checks should be made payable to the Seabrook MS School District

Purpose of Donation: Please provide a description of how you would like these funds used.
Staff will partner with ExPlo and be trained to implement a Hands on Career Exploration Course during Level Up Class.

Person Authorized to expend funds in accordance with above purpose:
Building Principal: Colleen Lennon
Dept Manager: _____ (list Dept. i.e. Athletics, Music)
Classroom Teacher: _____
Other: _____

Do you have a time frame for use of funds: NO ✓ YES____
If yes please list end date_____
If No is selected, use of funds will be within 12 months of date of acceptance.

Signature of Donor: Heather Ernst Date: 6/4/26

Signature of Individual Accepting Donation on behalf of the School District:
Colleen Lennon Date: 6/4/26

FOR OFFICE USE ONLY:

Date Accepted by School Board:

Thank You Letter Sent to Donor (Date):

Revised: April 2021