

Gilford District PTA
c/o Gilford Elementary School
76 Belknap Mountain Road
Gilford, NH 03249

This is a request from (circle appropriate school):

Gilford Elementary School Gilford Middle School Gilford High School

Are you a current member of the Gilford PTA: Yes or No

Please provide a specific description of your request (include any appropriate documentation, bids/proposals, or supplemental information):

Amount requested? \$ _____

How many students/teachers do you anticipate will benefit from this donation? _____

List other places you have tried to access the money: _____

***Name and phone number of the representative planning to attend the next PTA meeting:**

Name: _____ **Phone:** _____

Requested By: _____ **Date:** _____

Prinicpal's Signature: _____ **Date:** _____

If approved, check should be made to: _____

* Please note: It is very important to have a representative attend the PTA meeting which your request will be submitted to answer questions that may arise.

----- PTA Use Only -----

Date Request was Received: _____ **Approved or Denied Date:** _____

