



**COLUMBUS CATHOLIC
SCHOOLS**

Office Only: ITEM NUMBER
#

Gift-in-Kind Donation Form

Date: _____

Company or Individual: _____

Street or PO Address: _____

Contact Person: _____

City/State/Zip: _____

Phone: _____ **Email:** _____

Business Web Address: _____

Item/Service Donated – Please provide a detailed description of the item(s) or services donated. For gift certificates or services, please include an expiration date or other important information.

Event/Department: _____

***Fair Market Value: \$** _____

Item left with school personnel: _____

Item will be mailed/delivered on date: _____

Item may need to be picked up: _____

Signature: _____

As you complete this form, please note that each **donation must have a *FAIR MARKET VALUE assigned**. This dollar figure should reflect the actual cost to attain or the expense of materials to create the particular item. Items may need to be analyzed on an individual basis.

Please return this completed form to:

Columbus Catholic Schools - Development Office; 710 S. Columbus Ave, Marshfield, WI 54449; Phone: 715-387-1177 ext. 3300; giving@columbusdons.org. *Thank you!*

– OFFICE USE –

PHOTOGRAPHED

ENTERED IN SCHOOL AUCTION

ENTERED IN FACTS GIVING

THANK YOU LETTER SENT