



## Columbus Catholic Schools

### Gift-In-Kind Donation Form

PLEASE PRINT

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

Company or Individual: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street or PO Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Item/Service Donated** – Please provide a detailed description of item 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: 715-387-2444  
[giving@columbusdons.org](mailto:giving@columbusdons.org)

*Thank you!*

Office Use
Date: _____
<input type="checkbox"/> Letter sent