



COLUMBUS CATHOLIC
SCHOOLS

Office Only: ITEM NUMBER

#

GIFT-IN-KIND DONATION FORM

Date: _____

Company or Individual: _____

Contact Person: _____

Street or PO Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Business Web Address: _____

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: 715-387-1177 ext. 3030; giving@columbusdons.org. *Thank you!*

--- OFFICE USE ---

- ☐ PHOTOGRAPHED ☐ ENTERED IN SCHOOL AUCTION: ☐ Paper ☐ Online
☐ ENTERED IN FACTS GIVING ☐ THANK YOU LETTER SENT