



Non-Cash/Gift In-Kind Donation Form

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Email: _____

Description of Item (please be specific as possible): _____

Estimated Value (to be provided by donor): _____

Please check one:

Donor Statement of Value Appraisal attached (for items valued at \$5,000+) Receipt attached

Donor's Signature: _____ Date: _____

Please complete and return to the Admissions and Advancement Department,
or email directly to advancement@stjohns-es.org

For Office Use

Gift Received by Admissions and Advancement: _____ Date: _____

Gift Received by Business Office: _____ Date: _____