



GIFT-IN-KIND FORM

DONOR INFORMATION

Company Name _____

Contact _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

DONATION

Description of item(s):

Fair Market Value: \$

Designation (select one): NNM Cares Fund Annual Fund / General Operating Financial Aid / Big Night

Notes / Preferences (optional):

RECOGNITION

- Please recognize this gift in donor listings as _____
- I / We wish to remain anonymous

CONFIRMATION

Signature _____ Date ___/___/___

Near North Montessori School (FEIN 36-2535895) is a 501(c)(3) not-for-profit organization.
Donations are fully tax-deductible to the extent allowed by law.

Once complete, please submit form to giving@nnms.org or mail to 1434 W. Division Street, Chicago, IL 60642