In-Kind Gift or Services Donation Form

Presentation High School

Donor/Company Name: _____

Contact Name: _____

Address: _____

City:_____**State**: _____**Zip**: _____

Phone #: _____**Email**: _____

☐ Check here if this donation should be anonymous.

Description of the goods and services donated and any restrictions (dates available, guest limit, etc): _____

_____

_____

Fair Market Value (FMV) or Retail Value of Donated Goods or Services: $_____

Please estimate the value above (attach invoice or receipt, if available).

ADDITIONAL DETAILS FOR DONATED GOODS

☐ I need the donation to be picked up. Please contact me.

☐ I will drop off the donation at Basile House, 2276 Plummer Avenue. San Jose, CA 95125 (across the street from Presentation) between the hours of 8:30 a.m.– 4 p.m. (Monday - Friday).

Questions? Please contact the Advancement office at advancement@presentationhs.org.

Thank you for supporting Presentation!

No goods or services were provided in exchange for this donation. Your gift is tax-deductible to the limits of IRS regulations. Please consult your tax advisor for more details.

Tax ID# 94-1562816