



Gift In-Kind Donation

Name _____

I prefer to remain anonymous. Please do not publish my name as a donor to One City Schools, Inc..

Company/Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Please circle one: Home/Cell/Work

Email _____

Description of item(s) donated _____

Fair Market Value* (as determined by the donor) \$ _____

Signature of Donor _____

Thank You So Much for Your Gift

One City Schools, Inc. is recognized by the IRS as a 501(c)(3) non-profit organization, therefore, your donation may be tax deductible as allowable by law.

*Gifts over \$5,000 must be accompanied by a formal third-party appraisal and IRS form 8283 completed by a registered appraiser and signed by the CEO in order to be tax deductible. It is the responsibility of the donor to obtain the appraisal and IRS form.

PLEASE RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS.

ONE CITY ONLY

One City Approval: _____ Date: _____

Please complete this form and email or mail it to:

One City Schools
2012 Fisher Street
Madison, WI 53703
Phone: 608.268.8004

Email: Gail Wiseman, gwiseman@onecityschools.org