## **Colchester School District**

## Gift-In-Kind Donation Form

(To be completed by the donor)

Donor Name (Company Name or Individual's Name	Spouse, If Joint
	State Zip
Telephone	E-mail address
Connection to School District (check one):	Alumnus Parent/Family Member Faculty/Staff Friend/Community Member Corporation
I/we would like to donate the following to the restrictions):	Colchester School District (describe and list any
Please specify if there is a specific school, dep	artment, or class that you would like your gift directed to.
School:	
Department/Class:	
I/we have no objections to this donation be derived from the sale be used for the same	eing sold; however, I/we would prefer that any monies e school/department/class.
· · · · · · · · · · · · · · · · · · ·	<b>nor:</b> The IRS defines fair market value as "the price a ling, knowledgeable seller when neither has to buy or a list if more than one item.)
<b>Appraised Value:</b> If the value of the donation appraisal. \$	n is \$5,000.00 or more, I am attaching a copy of the
Signature:	Date:
Printed Name:	

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