



St. Joseph Montessori School

Donor Intent Form In-Kind Gift

This document recognizes intent to donate a gift in-kind to St. Joseph Montessori School through the SJMS Development Office. The donor agrees that acceptance of all gifts in-kind is subject to prior approval of the Director of Development and the SJMS Administrator. Only gifts deemed appropriate to the mission and programs of the school or the support thereof are accepted.

Name of Donor (Individual, Family or Company): _____

Address, City, State, Zip: _____

Email: _____ Phone: _____

This gift, in the form of: _____

Value of the gift (valued by donor): _____ Date donated: _____

I understand that gifts valued at more than \$5000 require a written appraisal by a qualified appraiser, whose services are paid by the donor and the appropriate form is attached, if applicable.

The gift described above is to be used by SJMS for the specific purpose of: _____

The signature below confirms the intent of the donor to transfer all ownership rights to the above gift to St. Joseph Montessori School.

Signed (donor): _____ Date: _____

Questions? Please contact the SJMS Director of Development at sjmsdev@cducation.org or (614) 291-8601.

Please return completed form to:

St. Joseph Montessori School
Development Office
933 Hamlet Street
Columbus, Ohio 43201
Fax-291-7411
Phone: 291-8644