



ONE CITY
SCHOOLS

*Preparing Young Children for
School Success, Leadership and Life*

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 Please do not publish my name as a donor to One City Schools, Inc..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

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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, fax or mail it to:

One City Schools

2012 Fisher Street

Madison, WI 53703

Phone: 608.268.8004

Email: mruffin@onecityschools.org

A 501(c)(3) tax exempt organization (FEIN: 47-1490574 and Wisconsin CES: 065230)