



Gift-In-Kind / Non Cash Donation Form

Donor name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Alt. Phone: _____

Email: _____

Description of item(s): _____

Estimated Value: _____ *(to be provided by donor)*

Please check one:

Donor Statement of Value

Appraisal attached
(for items valued at \$5,000+)

Receipt attached

Donor's signature: _____

Date: _____

Gift received by: _____ Date: _____

Return to Holy Family Catholic School
9400 Neenah Avenue • Austin, TX 78717 • (512) 244-4861 • Fax (512) 246-4454