



CORPUS CHRISTI MONTESSORI SCHOOL

A dual-language public charter

822 Ayers St., Corpus Christi, TX 78404

Phone: (361) 852-0707

IN-KIND DONATION-CONTRIBUTION FORM

Contributor Information

Name of Business/Individual: _____

Name of Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contributed Goods or Services

Description of Contributed Goods or Services: _____

Date(s) Contributed: _____ Real or Estimated Value of Contribution \$ _____

How was the value determined? _____ Actual Value Appraisal Other

If other, please explain: _____

Who Made this Value Determination? _____

Is there a restriction on the use of this contribution No Yes

If yes, what are the restrictions? _____

Was this Contribution Obtained with or Supported by Federal funds? No Yes

If yes, please provide the name of the Federal agency and the grant or contract number: _____

Signature of Contributor

Date Contributed

Thank you for your support!

Non-Profit Use Only:

Person Receiving Goods or Services on Behalf of Corpus Christi Montessori School:

Printed Name

Position

Signature

Date Received

Account Use Only:

Value Recorded

Date Entered