

Donation Tax Receipt

Please complete this form and retain with your tax records.

Date _____ Donation form individual Organization/Company

Organization/Company _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail _____

Donation information

Check all applicable boxes and provide a brief description

Gift Cards: _____

Tickets or passes: _____

Gift items _____

Cash: _____

Value of Donation

\$ _____

\$ _____

\$ _____

\$ _____

Attach copies of receipts ,letters
or other relevant information.

Total: \$ _____