



DONATION RECEIPT

Tax ID Number (EIN): 56-6001042

Donated By: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Donation Date: _____

Donation Value: \$ _____

Donation Description: _____

I, the undersigned representative, declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that there were no goods or services provided as part of this donation.

Representative Signature: _____

Print Name: _____

Thank you for your generosity. We appreciate your support!