



# RECEIPT FOR DONATED GOODS

*No Services or Goods are Provided in Exchange for Donations*

<b>DONOR:</b>			
	(Last Name)or Company Name	(First Name)	(MI)
<b>Address:</b>			
	City	State	Zip Code
<b>Phone:</b>		<b>Fax:</b>	
<b>E-mail:</b>			

This will acknowledge **WITH THANKS** the donation of the listed articles or goods to the St Luke's Free Medical Clinic to assist in the furtherance of its mission to provide free comprehensive health services to county residents who lack access to medical care.

	Description of Donated Property	Fair Market Value
A		
B		
C		
D		
E		
F		
Total		\$0.00

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Georgia Vaughn CEO

## NOTICE

The valuation of donated goods is the privilege and responsibility of the donor. A Valuation Guide of acceptable goods will be supplied upon request to the clinic. Contributions are deductible for income tax purposes to the extent allowed by law. Donors who will require St. Luke's to execute a Form 8283—"Non-cash Charitable Contribution"—are required to complete and present such form for execution at the time of the donation.

**HAVE YOU REMEMBERED THE ST. LUKE'S FREE MEDICAL CLINIC IN YOUR WILL?**

**St. Luke's Free Medical Clinic is a 501(c)3 Tax Exempt Organization**

162 North Dean Street □ Spartanburg, South Carolina 29302

Phone (864) 542-2273 □ Fax (864) 597-0413

Website: <http://stlukespreview.tinypg.com> □ Email: [info@stlukesfreemedicalclinic.org](mailto:info@stlukesfreemedicalclinic.org)

**I THANK YOU FOR YOUR DONATION!**