

Donation Tax Receipt

Please complete this form and retain with your tax records.

Date: _____

Donation from: ☐ Individual

☐ Organization/Company

Organization/Company Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

The Home will not sell, rent or share your e-mail address.

Would you like to be added to The Home's e-mail list? ☐ Y ☐ N

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: \$ _____