



DONATION TAX RECEIPT

Date: _____

Donation from: Individual Organization/Company

Organization/Company Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Donation Information

| | Item | Value of Donation |
|--------------------------|----------------|-------------------|
| <input type="checkbox"/> | Gift Cards | \$ |
| <input type="checkbox"/> | Tickets/Passes | \$ |
| <input type="checkbox"/> | Gift Items | \$ |
| | | \$ |
| | | \$ |
| <input type="checkbox"/> | Cash | \$ |

All donations are tax deductible (EIN 87-2338649).

Thank you for your generous support as we strive to inspire and help others in Konrad's honor.

All the best,

The Konrad A. Reuland Memorial Foundation