



## **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