



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