

DONATION RECEIPT

Forward by Faith Foundation

San Antonio, Texas 78237

EIN: 87-4241144

Date: _____

Name: _____
Address: _____
Phone: _____
Email: _____

Contribution Total:

DONATION VALUE

(check one)

- **Monetary Payment** made by check credit card cash other _____

- **Food** described in the itemized list in Exhibit A

- **Property** (in kind) described in the itemized list in Exhibit A

- **Vehicle** described in Exhibit B

Authorized Signature _____

Representative's Name _____

Title: _____

EXHIBIT A

Description of Donation

Value

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
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_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

EXHIBIT B

Make: _____

Model: _____

Color: _____

Year: _____

Body Style: _____

Vehicle Identification Number (VIN): _____
(17 characters)

Odometer Reading: _____