

# Donation Receipt

## Donor Information:

COMPANY NAME:		PHONE: (     )     -
ADDRESS:		
CITY:	STATE:	ZIP CODE:

## Contact Information:

CONTACT NAME:	PHONE, IF DIFFERENT THAN ABOVE: (     )     -
---------------	--

## Information Pertaining to Donations:

NAME OF ITEM(S):	DONOR'S ESTIMATED VALUE: \$
DESCRIBE ADDITIONAL DETAILS OF DONATION, IF NECESSARY (RESTRICTIONS, SIZES, COLORS, ETC.):	
SIGNATURE OF DONOR:	DATE: /     /

## Questions?

PTO OFFICER SIGNATURE:	DATE: /     /
------------------------	------------------

EIN: