



Devin J. Noring Foundation

501(c)(3) ORGANIZATION DONATION RECEIPT

Date: _____

Name of Non-Profit Organization: Devin J. Noring Foundation

Mailing Address: 508 17th St. W., Hastings, MN 55033

EIN: 931653966

Donor Information

Donor's Name: _____

Donor's Address: _____

Donation Information

Thank you for your donation with a value of _____ Dollars

(\$_____), made to the above-mentioned 501(c)(3) Non-Profit Organization.

Donation Description: _____

I, the undersigned representative, declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that there were no goods or services provided as part of this donation. Furthermore, as of the date of this receipt the above-mentioned organization is a current and valid 501(c)(3) non-profit organization in accordance with the standards and regulations of the Internal Revenue Service (IRS).

Representative's Signature: _____

Representative's Name: Bridgette L. Noring Title: President

Date: _____