

Cross Conscious Hypnosis

Acknowledgment of Sponsorship or Charitable Contribution Receipt

Cross Conscious Hypnosis LLC
1525 S 6th Street, Ironton, OH 45638
Adam Conn, Owner

1. Recipient information

Recipient name or organization: _____

Recipient type:

☐ Individual ☐ Team ☐ Political party/campaign ☐ Charity/nonprofit
☐ Organization ☐ Other: _____

Address: _____

Phone/email: _____

Tax ID or registration number, if applicable: _____

2. Contribution or sponsorship details:

Date provided: _____

Date received: _____

What was provided:

☐ Cash ☐ Check ☐ Bank transfer ☐ Credit/debit payment
☐ Goods ☐ Services ☐ Other: _____

Amount or description:

\$_____ cash/payment amount

or

Fair market value, if applicable: \$_____

Purpose or reason for the contribution or sponsorship:

Was anything provided in return?

☐ No ☐ Yes — describe below:

Examples may include advertising, event tickets, promotional exposure, goods, services, booth space, naming rights, or other benefits.

3. Conditions of payment or contribution

The recipient acknowledges that the contribution or sponsorship was provided under the following conditions:

☐ No conditions or restrictions

☐ To be used for the following purpose:

☐ In exchange for the benefits described above

☐ Other conditions:

If the contribution is not used as agreed, the recipient will notify Cross Conscious Hypnosis LLC and explain how the funds, goods, or services were used.

4. Recipient acknowledgment

I acknowledge that I or the organization, team, party, or entity named above received the contribution or sponsorship described in this form, and confirm that the information in this acknowledgment is accurate to the best of my knowledge. I understand that this form documents receipt of the contribution or sponsorship but does not, by itself, guarantee that the contribution is tax-deductible or that the recipient is eligible to issue a tax-deductible receipt.

Recipient or authorized representative name:

Title or position, if applicable: _____

Signature: _____

Date signed: _____

5. Business record

Provided by: Adam Conn, Owner

Business representative signature: Adam B Conn

Date: _____

Supporting documents attached:

- ☐ Recipient's receipt ☐ Invoice ☐ Check/payment record
☐ Photos or delivery confirmation ☐ Sponsorship agreement
☐ Other: _____

Internal reference number: _____

Business: Cross Conscious Hypnosis LLC
Address: 1525 S 6th Street, Ironton, OH 45638