

# 501(c)(3) ORGANIZATION DONATION RECEIPT

Date: \_\_\_\_\_

Name of Non-Profit Organization: **Project HABIL, Inc**

Mailing Address: **9005 Metcalf Rd, Kirtland, OH 44094**

EIN: **84-3332088**

## 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 \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_