



IN-KIND DONATION RECEIPT

Date: _____

Donor Name: _____

Business Name (if applicable): _____

Address: _____

City, State, Zip: _____

Description of In-Kind Donation:

Estimated Value (provided by donor): \$_____

Date Donation Received: _____

Thank you for your generous in-kind contribution to the Port St. Lucie Business Women. Your support helps us continue our mission to empower women and children, support local businesses, and strengthen our community through impactful programs and events, including our annual Fashion Show.

Please note: Port St. Lucie Business Women is a nonprofit organization. No goods or services were provided in exchange for this donation. This receipt is provided for your records. Please consult your tax advisor regarding the deductibility of your contribution.

Authorized Member Name: _____

Signature: _____