

COVERD

GREATER CINCINNATI

Donation Receipt

ACKNOWLEDGMENT AND CONTRIBUTED GOODS RECEIPT
RETAIN FOR TAX PURPOSES

Donation Date: _____

CONTACT INFORMATION

Full Name: _____

Street Address: _____

City: _____ State: _____

Email Address: _____

DONATION INFORMATION

| <u>Description</u> | <u># of Items Donated</u> | <u>Donor Note for Tax Records</u> |
|--|---------------------------|-----------------------------------|
| <input type="checkbox"/> Diapers | _____ | _____ |
| <input type="checkbox"/> Period Supplies | _____ | _____ |
| <input type="checkbox"/> Adult Supplies | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |

Tax Year: _____ Receipt Fair Market Value*: _____ Tax ID: 47-5175383

THANK YOU FOR YOUR DONATION!

SIGNED: *Megan Fisher*

*The fair market values determined are the responsibility of the donor at the time of the donation. No goods or services were provided for this donation.