



Helping People, Changing Lives Since 1965

## Donation Receipt Form

### Tax I.D. Number 94-1604455

\*This form will serve as your donation receipt for tax purposes

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

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Donation Information

Descriptions of item(s) to be donated: \_\_\_\_\_

\_\_\_\_\_

Value of Donation: \$ \_\_\_\_\_ Program to Benefit: \_\_\_\_\_

No goods or services have been received in return for your contribution.

The staff of KCAO would like to thank you for your donation. We greatly appreciate your generosity.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*KCAO does not guarantee that this donation is tax deductible. You must seek advice from your tax professional.