

# Donation Receipt

Donor Information:

COMPANY NAME:		PHONE: (     )     -
ADDRESS:		
CITY:	STATE:	ZIP CODE:

Contact Information:

CONTACT NAME:	PHONE, IF DIFFERENT THAN ABOVE: (     )     -
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Information Pertaining to Donations:

NAME OF ITEM(S):	DONOR'S ESTIMATED VALUE: \$
DESCRIBE ADDITIONAL DETAILS OF DONATION, IF NECESSARY (RESTRICTIONS, SIZES, COLORS, ETC.):	
SIGNATURE OF DONOR:	DATE: /       /

Questions?

PSO OFFICER SIGNATURE:	DATE: /       /
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EIN: