

Donation Receipt



Donor Information:

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

Contact Information:

CONTACT NAME:	PHONE, IF DIFFERENT THAN ABOVE:
	() -

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:
	/ /

Please return this form to:

Questions?

This form, when signed below by an officer of the HoLa PTO, will serve as your receipt. The HoLa PTO is a nonprofit section 501(c)3 tax-exempt organization. Values of donated items have been set by the donor and not verified by the HoLa PTO. We have not provided you with any goods or services in exchange for your donation.

PTO OFFICER SIGNATURE:	DATE:
	/ /

EIN: 27-3428756