

DONATION RECEIPT

Thank you for your generous gift to _____.
The proceeds from your tax-deductible contribution will help provide needed services for those in need throughout our community.

DATE: _____

DONATION VALUE \$ _____

NAME: _____

ITEM(S) DONATED _____

Please circle the Organization/Agency you contributed to: Again Thank You for your community support.

ASAP

Coalition for the Homeless Of Pasco County

Habitat for Humanity

HIS Storehouse Outreach

Holy Ground

Kiwanis Club of America

Liberty House

Pinellas County Coalition for the Homeless

RescQueMe

Other: _____

A copy of the official State registration and financial information may be obtained from the Division of Consumer Services for these non-profit organization at www.800helpfla.com