

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>
☐ Diapers	_____	_____
☐ Period Supplies	_____	_____
☐ Adult Supplies	_____	_____
☐ Other	_____	_____

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

THANK YOU FOR YOUR DONATION!

SIGNED: Rachel Moon

*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.