



LITTLE PINK HOUSES OF HOPE
 2442 Tribek Court
 Burlington, NC 27215
 336-213-4733
 www.littlepink.org

IN KIND DONATION RECEIPT

Donor/ Company Name _____

Person to Thank _____

Email _____ Phone # _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address if different _____

City _____ State _____ Zip _____

Full Description of Donation _____

Estimated Value of Donation \$ _____ (as determined by donor)

Donor Signature _____ Date of Donation _____

Donation Received by _____ on _____ (date)

This donation is for the following:

Event _____

Retreat Location _____

Office _____

Little Pink contact information

Name _____

Address _____

Email _____

Additional Information _____

Federal Tax ID# 27-3365488 All gifts are tax deductible as allowed by law. Retain this receipt for tax purposes.
 No goods or services were provided in exchange for this contribution

	LOCATION USE
Top White Copy - Local Retreat Files Copy	Entered online _____
Bottom Yellow Copy - Donor Copy	Thank You written and mailed _____
	Vendor card mailed _____