

BEAR RIVER HEAD START DONATION

STATEMENT ACKNOWLEDGING CONTRIBUTION OF
CASH, GOODS, OR SERVICES

Date Received: _____

DONOR NAME _____

DONOR ADDRESS _____

Donated to (check one):

EHS PHS Admin

Donation Type (check one): Cash Goods Services

DESCRIPTION OF DONATION

DONATION VALUE: \$ _____ *Provide backup of donation value.

BEAR RIVER HEAD START ____ HAS/ ____ HAS NOT PROVIDED ANY GOODS OR SERVICES IN RETURN FOR THE ABOVE CONTRIBUTION.

IF DONOR *HAS* RECEIVED ANY GOODS OR SERVICES IN RETURN PLEASE ATTACH DESCRIPTION AND VALUE ESTIMATION OF SUCH GOODS/SERVICES.

BEAR RIVER HEAD START IS A TAX EXEMPT ORGANIZATION DESCRIBED BY IRC SEC. 501 (c) (3).

Receiving Staff Member: Please explain how this donation will be used.

Signature or Contact Name of Organization Representative

Donation received by (Please Sign)