**The XYZ Organization**

Address – Phone – Web

**Donation Tax Receipt**

*Please complete this form and retain with your tax records.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | |  | | | | |  | Donation from: | | *Individual* | | *Organization/Company* | | | | | | |
| Organization/Company Name: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name: | | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| Address: | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |
| City: |  | | | | | |  |  |  |  | State: |  | Zip: |  |  |  |  |  |
| Phone: | | | | | | |  | E-mail: | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | *The Home will not sell, rent or share your e-mail address.* | | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Would you like to be added to The Home’s e-mail list? | | | | | | Y | N | | |
| **Donation Information** | | | | | | |  |  |  |  | **Value of Donation** | | | |  |  |  |  |

*Check all applicable boxes and provide a brief description.*

Gift cards:

Tickets or Passes:

Gift Items:

Cash:

**Attach copies of receipts, letters or other relevant information.**

$

$

$

$

**Total:** $

***Thank you for your contribution!***

**For your accounting purposes:** The Home did not provide any goods or services to you in exchange for this donation. If you have anyquestions, please call 617-927-0680 or e-mail giftdrive@thehome.org. Our Federal Tax ID is 04-2104764.

To claim a charitable deduction for your donations, you must assign a value to them. By law, The Home for Little Wanderers cannot tell you the value. As the taxpayer, you will need this form as proof of your donation for tax deduction purposes. To be valid, this receipt must be completed at the time of the donation. Validation of value for items greater than $500 may be needed by you in order to substantiate your deduction to the IRS.