



DONATION RECEIPT

DONATION FROM: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE: _____

Gratefully received by Women's Club of Pittsford PO Box 208 Pittsford NY 14534

For (Name of project) _____

SIGNATURE OF WCOP REPRESENTATIVE: _____

FOR YOUR TAX RECORDS

DONATED ITEM (S): *(brief description of donation)*

VALUE OF YOUR CONTRIBUTION: \$ _____
(to be filled in by donor)

The donor irrevocably gave this donation in full, without restrictions, and has not received any compensation or benefit in return for this contribution.

Women's Club of Pittsford is a 501 (c) (3) organization