SPONSORSHIP RECEIPT

Receipt No:

Date:

Tax ID / EIN:

SPONSORED BY

Company Name:

Contact Person:

Address:

Email/Phone:

PAYMENT INFORMATION

Payment Method:

Reference/Check #:

Date Received:

Received By:

SPONSORSHIP DETAILS

SPONSORSHIP LEVEL / DESCRIPTION	SPONSORSHIP EVENT/INITIATIVE	AMOUNT RECEIVED

Total Contribution:

Value of Goods/Services Provided:

Tax-Deductible Amount:

> *Thank you for your generous corporate sponsorship. For tax purposes, please note that no goods or services were provided in exchange for this contribution other than those specified above, and the deductible amount is limited to the excess of the contribution over the value of any goods or services provided. Please retain this receipt for your corporate tax records.*

AUTHORIZED REPRESENTATIVE SIGNATURE

Authorized Officer

DATE SIGNED