Tax ID / EIN:

RECEIPT

Receipt Date:

Receipt No:

Sponsor Information

Corporate Partner Name	
Contact Representative	
Billing Address	
Sponsorship Event / Program	

Contribution & Benefit Breakdown

Sponsorship Description / Benefit Level	Amount
Less: Value of goods or services provided in exchange (if applicable)	
Total Tax-Deductible Contribution	

Thank you for your generous sponsorship. No goods or services were provided in exchange for this contribution other than those specified above. Please retain this official receipt for your corporate tax records.

Authorized Representative Signature

Title:

Date