

DONATION RECEIPT

This form will serve as your donation receipt for tax purposes.

Name:			Date:		
Busine	ss Name:				
Addres	ss:				
City:		State:		Zip Code:	
Telephone:		Email:			
Matri	ix Representative				
Signa	ture				
Thank	you for your donation to the	Matrix Co	mmunity Outre	ach Center, Inc./Redemp	tion Boutique
\$	Clothing - men's	\$	Jewelry		
\$	Clothing - women's	\$	Books, toy	s, games	
\$	Clothing - children's	\$	Sporting go	oods	
\$	Shoes/boots/sandals	\$	Tools		
\$	Housewares Dishes and glassware	\$	Small appli	ances	
\$	Dishes and glassware	\$	Small furni	ture items	
\$	Other				
	(as determined by donor*) \$_				
\$	Monetary Contribution.				
* -				526 61 11 11 6	



^{*} For more information on charitable contributions, see Publication 526, Charitable Contributions. For information about noncash contributions, see Publication 561, Determining the Value of Donated Property. Forms and publications are available at IRS.gov or by calling 800-TAX-FORM (800-829-3676)