OLIVE CREST

Strong Families, Safe Kids

INKIND DONATION RECEIPT

(800) 550-2445 10

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S WWW.olivecrest.org
Donation Received at:

	☐ Orange County ☐ Inland Empire	☐ Los Angeles	☐ Desert Communities				
	☐ Other:	□ San Diego □ Nevada	□ E. Washington□ W. Washington				
	Donor Information	n	RE #:				
Title:	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other:	Donation From:	☐ Individual ☐ Organization				
	Contact (if applicable):						
Address:	☐ Work						
City:		State:	Zip:				
Home Phone:	() Work Phor	ne: <u>()</u> C	ell Phone: ()				
Email:	☐ Work ☐ Home						
	Please contact me regarding more information about Olive Crest.						
	Item Information to be	Completed by Donor					
Quantity	Description of Donated	l Items	Value				
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The g							
			5				
If more space	is needed, please use an additional sheet of p	paper.					
Donor Signature:							
Donor Print Name:			Date:				
Received By:	yee Signature:						
	yee Print Name:		Date:				
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Thank you for helping the children and families of Olive Crest.

This form is temporary documentation of your donation. An official receipt will be mailed to the address provided. All gifts to Olive Crest are tax deductible as allowed by law. Olive Crest is a 501(c)(3) Organization. Tax ID #95-2877102

For	Office	Use	On	ıy:

Fund ID: Appeal: Pkg: Subtype:

White: FND Ops Copy Yellow: FND Region Copy Pink: Donor Copy