

IN-KIND DONATION RECEIPT

Charity Name: **Alopecia Support Group**

501c3 non-profit: Tax EIN # 83-3941965

Street Address: 2030 7th Ave #307

City, State, Zip: Seattle, WA 98121

Date: _____

Donated By: _____

Donor Address: _____

City, State, Zip: _____

Description of Donated Item(s)	Quantity	Value (\$)

Total Value of Donated Item(s): _____ Dollars
(\$ _____)

Authorized Signature _____

Print Name _____

Date _____