



NORTH CAROLINA ASSOCIATION OF SENIOR CITIZEN CLUBS, INC

www.ncascc.com

EIN: 58-1536648

Donation Receipt

Donor Name: _____

Donor Street Address: _____

City: _____ State: _____ Zip: _____

Date of Donation: _____

Brief Description of Donation: _____

Cash Amount _____

Check Amount _____ Check Date _____

Check No. _____ Issuing Bank _____

Goods described as:

Quantity: _____ Description _____ FMV in Dollars: _____

Quantity: _____ Description _____ FMV in Dollars: _____

Services Rendered:

Description _____ No. of Hrs/ Days: _____ Rate per Hr/Day _____ FMV in Dollars: _____

Description _____ No. of Hrs/ Days: _____ Rate per Hr/Day _____ FMV in Dollars: _____

Other: _____

We further provide the following information in order to qualify this document as confirmation that the donations received will be used for purely non-profit purpose(s), in our capacity as a 501(c) (3) charitable or not-for-profit organization. "No goods or services were received in return for this donation."

Donation Received by: _____ Date of Acknowledgment Receipt _____

Authorized Representative

Thank you for your generosity. NCASCC, Inc. appreciates your support!

White Copy (NCASCC) Yellow Copy (Donor) Pink Copy (NCASCC District)