



WCHC

WE CREATE
HEALTHY
COMMUNITIES

In Kind Donation Receipt

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Donations:	Value:
Total	\$

WCHC Representative

Date

This receipt confirms that the items listed above were given by the donor to West Cecil Health Center, Inc.

No goods or services were received in exchange for this/these donation(s).

West Cecil Health Center, Inc, is recognized as a 501(c)(3) organization.

Please retain this receipt for income tax purposes.

TAX RECORD FORM: *Federal law notes that all values must be assigned by the donor. Please keep this signed form as your donation record. For an explanation of what items are deductible, how much you can deduct, and what records to keep, please read IRS publication form 126.*

Please consult your tax advisor for further information regarding your specific tax situation.