



3103 9th Road, North
Arlington, VA 22201

P 703.525.7177
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DONATION RECEIPT

No. _____

NAME *(please print)*

DATE

ORGANIZATION *(if any)*

MAILING ADDRESS *(if any)*

CITY

STATE

ZIP CODE

EMAIL ADDRESS

TELEPHONE

ITEMS CONTRIBUTED

ESTIMATED VALUE

RECEIVED BY *(signature)*

☐ Please do not send me a note of appreciation — this receipt will suffice.

This will acknowledge, with thanks, your donation to Bridges to Independence.

The Internal Revenue Code places the responsibility for estimating the Fair Market Value of In-Kind donations with the donor rather than the agency receiving the good. You have not received any goods or services in exchange for this contribution.

TO BE COMPLETED BY BRIDGES TO INDEPENDENCE STAFF

☐ Logged Donation

☐ Thank-you note written on _____

☐ Repeat Contributor