

## **IN-KIND GIFT RECEIPT**

Thank you for your support. Our records will reflect receipt of the following donated item(s): Please describe item(s) in detail.

Received from: (Please fill this section out completely for proper credit.)

NAME:	COMPANY	COMPANY NAME:		
ADDRESS:				
CITY:	STATE/PROVINCE:	ZIP:	COUNTRY:	
PHONE:	EMAIL:			

## Received by:

FOUNDATION FIGHTING BINDNESS FUNDRAISER REPRESENTATIVE:

DATE:

Please provide the donor with the original signed receipt. Make a copy for your records.

The tax deductibility and value of gifts other than cash are best determined by talking with your financial advisor. Thank you for supporting our work to end blinding retinal diseases.