



Guggenheim HSA Donation Receipt

Donor Information:

COMPANY NAME:		PHONE:
ADDRESS:		
CITY:	STATE:	ZIP:

Contact Information:

COMPANY NAME:	PHONE, IF DIFFERENT THAN ABOVE:
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Information Pertaining to Donations:

NAME OF ITEM(S):	DONOR'S ESTIMATED VALUE: \$
DESCRIBE ADDITIONAL DETAILS OF DONATION, IF NECESSARY (RESTRICTIONS, SIZES, COLORS, ETC.)	

SIGNATURE OF DONOR:	DATE:
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Please return this form to Guggenheim HSA Treasurer.

This form, when signed below by a Guggenheim HSA Co-President, will serve as your receipt. The Guggenheim HSA is a non-profit section 501(c)3 tax-exempt organization. Values of donated items have been set by the donor and not verified by the Guggenheim HSA. We have not provided you with any goods or services in exchange for your donation.

CO-PRESIDENT SIGNATURE:	DATE:
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