



DONATION RECEIPT

TO BE USED FOR NON-MONETARY DONATIONS OF GOODS OR SERVICES TO HOPE FOR NH RECOVERY
FROM INDIVIDUALS OR COMPANIES.
Tax ID 02-0521502

For Completion by Donor:

Contact/Donor: _____ Date: _____

Name of Business: _____

Street: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

Description of donation and its purpose (please be specific & descriptive including estimated dollar value:

Thank you for your donation!