

DONATION COLLECTION RECEIPT

Handmaidens Ministries, Inc.

Donor Information (Printed):

Name:	
Date:	
Address:	
Phone:	
Donation Amount:	\$
Donation Type:	Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Online <input type="checkbox"/> In-Kind <input type="checkbox"/>

I, the above listed Donor, have donated the cash amount listed above to **HANDMAIDENS MINISTRIES, INC.**, a National 501(c)(3) non-profit corporation ("HMI"), through its Representative below, to further its mission of providing perishable and non-perishable food items to area food banks and individuals.

By making this donation, I affirm and attest that I have no relationship by marriage to the HMI Representative listed below or to any representative of HMI and that I was not paid or reimbursed in any way to make this donation.

I further acknowledge that to engage in any such act may be deemed to be participation in a criminal conspiracy.

I also understand that my donation is a fully- deductible charitable contribution, that a copy of the IRS's letter of recognition of charitable status may be requested by me in writing to our headquarters at: **2180 Satellite Blvd, Duluth, Ga 30097, or your local branch or by calling 1-800-630-3385**, and that I may use this receipt as evidence of my donation

Donor Name (Signed) : _____

Donor Name (Printed): _____

HMI Representative (Printed): _____