

PO Box 2483 Denver, CO 80201 720-724-9544 www.crosspurpose.org

IN KIND DONATION RECEIPT

Date: Donor Name: Address: City, State, Zip: Email: Phone Number		
Thank you for your	donation of:	
QTY	ITEM	
The fair market val	lue of these items, to be determined by you, is: \$	
	DONATION RECEIVED BY	
Printed Name:		
Signature:		
Title:	·	