



Christmas Family Adoption Foundation  
Donation Receipt  
PO Box 527, Oregon City, OR, 97045  
TIN#: 20-1787653

Check/ Cash/ In-Kind Contributions

For Year: \_\_\_\_\_

**Please attach receipts for all purchases and donations made and retain them for your tax purposes.**

**Contributor- Please complete the information below:**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Cash/Check Amount donated: \_\_\_\_\_

Describe the items contributed. If the list exceeds the form below, please write on the back.

<u>Quantity</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____