

Receipt 1
(Cash\Donated Auction Item and attending Event)

EVENT NAME

Donor/Business Name _____

Address _____

City/State/Zip _____

Contact Name _____

E-Mail Address _____

Donor's Signature _____

Date Received _____

Contribution Amount _____

Check No. _____

Item Description for Display and Bid Sheet (including any deadlines or restrictions):

Estimated Value _____

Our "<NAME>" Event starts at <TIME> and will be held at <LOCATION> located at <ADDRESS>. There will be a <LIST DESCRIPTION OF EVENT, such as meal, Silent and Live auctions, games and entertainment, etc.>. Tickets are \$<COST> each.

Your donation to the "<NAME>" Event is greatly appreciated. <PERCENT OF DONATION GIVEN TO FOUNDATION> of your donation goes to the Supreme Temple, Daughters of the Nile Foundation for the benefit Shriners Hospitals for Children. The Foundation is recognized as a tax-exempt 501(c)(3) organization and its Tax I.D. number is <Available from the Foundation Secretary>. A copy of the Foundation's Exemption letter is available upon request. The estimated fair market value for the goods and services received is \$_____. Please retain this receipt as verification of the above donation in compliance with IRS regulations. You should consult your own tax advisor concerning the deductibility of the appropriate portion of your donation.

Ways and Means Chairperson

Receipt 2
(Donated Cash and not attending)

"<NAME>" EVENT

Donor/Business Name

Address _____

City/State/Zip _____

Contact Name _____

E-Mail Address _____

Donor's Signature _____

Date Received _____

Contribution Amount _____

Check No. _____

Our "<NAME>" Event starts at <TIME> and will be held at <LOCATION> located at <ADDRESS>. There will be a <DESCRIPTION OF EVENT, such as meal, Silent and Live auctions, games and entertainment, etc.>. Tickets are \$<COST> each.

Your generous underwriting donation to the "<NAME>" Event is greatly appreciated. <PERCENT OF DONATION GIVEN TO FOUNDATION> of your donation goes to the Supreme Temple, Daughters of the Nile Foundation for the benefit Shriners Hospitals for Children. The Foundation is recognized as a tax-exempt 501(c)(3) organization and its Tax I.D. number is <Available from the Foundation Secretary>. A copy of the Foundation's Exemption letter is available upon request. Please retain this receipt as verification of the above donation in compliance with IRS regulations. You should consult your own tax advisor concerning the deductibility of the appropriate portion of your donation.

No goods or services were received in exchange for this donation.

Ways and Means Chairperson

Receipt 3
(Donated Auction Item and Not Attending)

"<NAME>" EVENT

Donor/Business Name

Address _____

City/State/Zip _____

Contact Name _____

E-Mail Address _____

Donor's Signature _____

Date Received _____

Item Description for Display and Bid Sheet (including any deadlines or restrictions):

Estimated Value _____

Our "<NAME>" Event starts at <TIME> and will be held at <LOCATION> located at <ADDRESS>. There will be a <DESCRIPTION OF EVENT, such as meal, Silent and Live auctions, games and entertainment>. Tickets are \$<COST> each.

Thank you for your generosity in donating an item to the "<NAME>" Event. <PERCENT OF DONATION GIVEN TO FOUNDATION> of your donation goes to the Supreme Temple, Daughters of the Nile Foundation for the benefit Shriners Hospitals for Children. The Foundation is recognized as a tax-exempt 501(c)(3) organization and its Tax I.D. number is <Available from the Foundation Secretary>. A copy of the Foundation's Exemption letter is available upon request. Please retain this receipt as verification of the above donation in compliance with IRS regulations. You should consult your own tax advisor concerning the deductibility of the appropriate portion of your donation.

No goods or services were received in exchange for this donation.

Ways and Means Chairperson

Receipt 4
(Purchaser of Auction Items)

“<NAME>” EVENT
<TEMPLE NAME> Temple No. _____
Daughters of the Nile

Date Purchased _____

Item Purchased _____

Amount Donated _____

Estimated Value of
Purchased Item _____

Thank you for making a donation by purchasing the above item at the “<NAME>” Event. <PERCENT OF DONATION GIVEN TO FOUNDATION> of your donation goes to the Supreme Temple, Daughters of the Nile Foundation for the benefit Shriners Hospitals for Children. The Foundation is recognized as a tax-exempt 501(c)(3) organization and its Tax I.D. number is <Available from the Foundation Secretary>. A copy of the Foundation’s Exemption letter is available upon request. Please retain this receipt as verification of the above donation in compliance with IRS regulations. You should consult your own tax advisor concerning the deductibility of the appropriate portion of your donation.

Ways and Means Chairperson