Riley Cheer Guild

helping to create smiles since 1924

DONATION - TAX RECEIPT FORM

The Riley Cheer Guild accepts ALL donations made to Riley Hospital for Children at IU Health. These donations benefit the patients and are distributed by hospital staff members.

Name (please print) Date

_____ _____

Group/Chapter (if applicable)

_____

Email Address_____

Address_____

_____

Phone Number

_____

Please describe our donation (To s, Handmade Items, Books, etc):

Quantity:	Description:
_____	_____
_____	_____
_____	_____
_____	_____

Estimated Fair Market Value: $(Our policy does not allow us to estimate the value of donations. You fiIl in the fair market value of our donations and keep this receipt for tax purposes)

How many volunteer hours do you feel were put into this donation:

_____

Please describe your Tt card donation:

Qty of Cards:	Dollar Amt:	Kind of Cards:
_____	_____	_____
_____	_____	_____

Please describe our money donation:

Cash Total:	Check Total:	Check Number:
_____	_____	_____
_____	_____	_____