

501(c)(3) ORGANIZATION DONATION RECEIPT

Date: _____

Name of Non-Profit Organization: **Bloomfield Raiders Youth Football, Inc.**

Mailing Address: **330 Park Ave, Bloomfield, CT 06002**

EIN: 22-3348867 (Find on the [IRS Website](#))

Donor Information

Donor's Name: _____

Donor's Address: _____

Donation Information

Thank you for your donation with a value of _____ Dollars

(\$_____), made to the above-mentioned 501(c)(3) Non-Profit Organization.

Donation Description: _____

I, the undersigned representative, declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that there were no goods or services provided as part of this donation. Furthermore, as of the date of this receipt the above-mentioned organization is a current and valid 501(c)(3) non-profit organization in accordance with the standards and regulations of the Internal Revenue Service (IRS).

Representative's Signature _____

Representative's Name: **Weslie Flippen**

Title: **President** Date: _____

