



# NON-CASH DONATION



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

Donor Name: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Winter Dreams Auction Item(s) (Non-Cash Donation)

Medicine/Goods for Distribution in Nicaragua (Non-Cash Donation)

Other Fundraising Items (Non-Cash Donation)

Office/Operational Item(s) (Non-Cash Donation)

Other \_\_\_\_\_ (Non-Cash Donation)

Notes/Description of Item(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*After posting this transaction, remove the right side of this VOUCHER and immediately mail to the donor.



Corner of Love  
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Maple Valley, WA 98038  
45.432.0433 Office

Book Keeping Questions: [tia@corneroflove.org](mailto:tia@corneroflove.org)

[www.corneroflove.org](http://www.corneroflove.org)

## Thank You For Your Support!

Corner of Love . . . Attempt great things for God!

*This acknowledges your tax deductible donation of non-cash items as described below:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received by: \_\_\_\_\_

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

*Deductions for non-cash charitable donations may require written substantiation provided by the charity. To help you comply, we encourage you to keep this receipt to verify your donation. VALUATION OF THE ITEMS is your (the donor's) responsibility. We recommend you attach an itemized list of your donation to this receipt.*

Your value of this donation: \$ \_\_\_\_\_

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

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

\_\_\_\_\_