

DONATION RECEIPT

Thank you for your donation!! _____: Date of Donation _____: Name of Person Making Donation : Amount of Donation (USD\$) as described below Monetary Payment made by check ____(insert #) Credit card Cash Merchandise/goods (in kind) described in the itemized list in Exhibit A Special Wants, Inc is classified as a 501(c)(3) non-profit organization by the standards of the Internal Revenue Service (IRS). Therefore, the donation may be tax-deductible within the U.S.A. as allowed by law. Accompanying receipts and supporting documentation for donation may be required for tax records.

President: Jo-Ann Turning

Special Wants, Inc.
PO Box 1441
Eatontown, NJ 07724
https://specialwants.org/
Tax ID Number: 83-4493121

EXHIBIT A

Description of Donation Value for Merchandise/Goods:	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$