



RECEIPT / FORM FOR INKIND AND MONETARY DONATIONS

Today's Date: _____

Received by: _____

(Please print)

Name of Contributor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

| INKIND Contribution Item(s): <i>(If more space is needed, please use reverse of form.)</i> | Value: <i>(approx.)</i> |
|--|----------------------------|
| | |
| | |
| | |
| | |
| | |
| Total Value: | |

Overall condition of the item(s): _____

Designation: *(i.e.: None; School; Gallery; SOHO outreach; Event; General)* _____

Thank you for your contribution to The Art League!

This document serves as a receipt for your donation—you will receive a letter for formal acknowledgement and tax purposes within 4 weeks of submitting this form. If you do not receive your letter, please contact our Development Department at 703.519.1741 or develop@theartleague.org;

Tax ID# 54-0833818

For Internal Use:

Description of the contribution: INKIND Donation

CASH RESTRICTED \$ _____ CASH UNRESTRICTED \$ _____

NOTES:

Please give one copy to donor and one copy to the Development Office in box. If cash donation, must provide copy of receipt! Please date form.