

DONATION RECEIPT

3245 Arden Way Sacramento CA 95825

STIGNATIUSSACSCHOOL.ORG		916-488-3907
Name:		
Street Address:		
City/State/Zip:		
Complete the fo	ITEM DESCRIF	PTION s form as your donation receipt.
VALUE (as deteri	nined by donor)	
		organization, your donation is tax deductibles or services in exchange for this donation.

Director of Advancement

Date:

THANK YOU

Received by:

TAX ID # 45-4177209