



Riley Cheer Guild

helping to create smiles since 1924

DONATION - TAX RECEIPT FORM

The Riley Cheer Guild accepts ALL donations made to Riley Hospital for Children at IU Health. These donations benefit the patients and are distributed by hospital staff members.

Name (please print) _____ Date _____

Group/Chapter (if applicable) _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Please describe your donation (Toys, Handmade Items, Books, etc.):

Quantity:	Description: (can be summarized, such as "3 bags of toys")
_____	_____
_____	_____
_____	_____
_____	_____

Estimated Fair Market Value: \$ _____ (Our policy does not allow us to estimate the value of donations. You may fill in the fair market value of your donations and keep this receipt for tax purposes)

How many volunteer hours do you feel were put into this donation: _____

Please describe your gift card donation:

Please describe your monetary donation:

Qty of Cards:	Dollar Amt:	Kind of Cards:	Cash Total:	Check Total:	Check Number:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

As required by the Internal Revenue Code, there were no goods or services provided to you in consideration for this gift. Item(s) included in this donation may be used to generate funds to directly benefit the patients at Riley Hospital for Children.

Note to donor: Please include this completed form with your donation and make a copy for your personal records.

For Administrative use only	Date
Received by Riley Cheer Guild	
Duplicate given to Chapter Chair	
Thank you note written	
Donation logged in database	