

DONATION RECEIPT

Date: _____

Keep Area Teens Safe
1115 HILLCREST AVE
WAUSAU, Wisconsin
54401-4246

Thank you _____ [Donor's Name] for your contribution of
_____ Dollars (\$ _____) in value described as:

- **Monetary Payment** made by check credit card cash other _____

- **Food** described in the itemized list in Exhibit A

- **Property** (in kind) described in the itemized list in Exhibit A

Keep Area Teens Safe 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 to the extent allowed by law.

Authorized Signature: _____



By Kathleen Buckli

Title: Keep Area Teens Safe

Tax ID Number: 82-2562552

