



In-Kind Donation Receipt
Law Enforcement Torch Run for Special Olympics Kansas

Event: _____

Donor: _____

Donor Address: _____

City/State/Zip: _____

Donor Phone: _____

Date	Item Donated	Value of Item*
Total Donated		

***Value of donation as determined by donor**

The total value of the donation is _____, of which you have received _____ in return. The amount of the contribution that is tax deductible is the value of the donation less goods (i.e. t-shirts, hats) or services received.

Donation Received by: _____

Agency/Department: _____

Give the original to the donor and make a copy and send to:
Special Olympics Kansas, 5280 Foxridge Drive, Mission, KS 66202
E-mail to LETR@kssso.org Questions directed to 913-236-9290
Federal ID: 48-0890981

Due Date: August 31