

DONATION RECEIPT

Tax ID: 83-2705907

Name of Donor:_____

Address:_____

Phone Number:

Email Address:

Donation in the Amount of: \$_____

In Kind Donation(s):

Donation Received by:_____

Date Received:_____

Melissa's Second Chances 11015 W 75th Street. Shawnee, KS 66214 • 913-364-1822 shelter@mscrescue.org • www.mscrescue.org