



HINDU SAMAJ OF SOUTHERN SASKATCHEWAN
3307 PASQUA STREET REGINA SK S4S 7G8
TEL. (306) 585 1466

GIFT IN KIND DONATION RECEIPT REQUEST FORM

NAME _____ **DATE** _____

ADDRESS _____

TELEPHONE _____

GIFT IN KIND DONATION DETAILS:

DATE DONATION MADE _____

DESCRIPTION OF THE DONATION _____

GIFT VALUE (\$) _____

Please enclose receipt(s). If no receipt(s) attached, please describe how to verify the gift value mentioned above:

SIGNATURE _____

For official use only:

REMARKS _____

GIFT APPROVED BY: NAME _____ **SIGNATURE** _____

DATE DONATION RECEIPT ISSUED _____ **RECEIPT #** _____

TREASURER SIGNATURE _____