

ITEM #: _____

DATE: _____

TICKET COLOR: _____



DONATION CONTRACT/RECEIPT

NAME OF DONOR/ORGANIZATION: _____

(AS IT SHOULD APPEAR IN THE PROGRAM/MEDIA)

DONOR CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

PLEASE EMAIL MEDIA LINKS AND LOGOS FOR PROMOTIONAL PURPOSES TO: wbury@livingstonchristianschools.org

GIFT DESCRIPTION: _____

RESTRICTIONS: _____

EXPIRATION DATE: _____

DONOR'S STATED VALUE: \$ _____

SOLICITOR/LCS FAMILY CONTACT: _____ TELEPHONE: _____

THANK YOU FOR YOUR GENEROUS DONATION!

Livingston Christian Schools is a Section 501(c)3 nonprofit and your gift may qualify as a charitable deduction for federal income tax purposes. Please consult with your tax advisors or the IRS to determine whether your contribution is deductible. Pursuant to Internal Revenue Code requirements for substantiation of charitable contributions, no goods or services were provided in return for tax deductible contributions.

Return White and Yellow copies to: Livingston Christian Schools—PTO

Keep Pink copy for your records.

7669 Brighton Road
Brighton, MI 48116
810-900-1200

LCS TAX ID #: 56-2545619

OFFICE USE

ITEM RECEIVED _____

SITE COMPLETE _____

PHOTO TAKEN _____

LIVE _____