

Original: Keep and file for tax deduction; Please make a photocopy and send to us at the address atop this page. Thank you!

Amount of Donated Item or Service: _____

Donated Item or Service (briefly describe):

Date of Donation: _____

Address and Phone Number of Individual or Company Making the Donation:

Name of Individual or Company Making the Donation:

*Instructions: Please complete this form as best you can. Please type or print neatly. When completed, keep the original and file for your tax deduction. Send us a photocopy for our records and filing requirements. **Again, thank you for your donation!***

THANK YOU FOR YOUR DONATION AND SUPPORT!

Documentation of Donation to Spinal Missions

SPINAL MISSIONS, Inc., LLC
A fully federally registered 501(c)3 non-profit organization
FEIN: 26-3378998

Spinal Missions 2561 Spencers Trace Marietta, GA 30062

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