COMMUNITY HABITAT PROGRAMS INC.

www.communityhabitatprograms.org

[Mailing Address]

[City, State ZIP Code]

[Telephone Number]

[Email Address]

CHARITABLE DONATION RECEIPT

Receipt Number: _____ Date **Issued:** _____

Donation Received: $_____

Donor Information

Donor Name: [Donor or Business Name]

Mailing Address: [Street Address]

City, State ZIP Code: [City, State ZIP Code]

Email Address: [Email Address]

Donation Information

Donation Amount: $_____

Payment Method:

[ ] Check

[ ] Credit or Debit Card

[ ] PayPal or Online Payment

[ ] Cash

[ ] Bank Transfer

[ ] Other: [Describe]

Check or Transaction Reference: [Reference Number, if applicable]

Donation Designation:

[ ] General Operating Support

[ ] Community Habitat Demonstration Project

[ ] Property Acquisition and Rehabilitation

[ ] Resident Support Services

[ ] Neighborhood Revitalization

[ ] Other: [Describe]

Tax-Deductibility Statement

Community Habitat Programs Inc. acknowledges receipt of the charitable contribution described above.

No goods or services were provided in exchange for this contribution. Therefore, the full amount of the contribution may be tax-deductible to the extent permitted by applicable federal and state law.

Community Habitat Programs Inc. is recognized as a charitable tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code.

Federal Employer Identification Number: 42-3712027

Please retain this receipt with your tax records. Community Habitat Programs Inc. does not provide individual tax, legal, or financial advice. Donors should consult their tax advisor regarding the deductibility of their contributions.

Thank you for supporting our mission to revitalize neighborhoods, expand access to safe and affordable housing, and strengthen communities.

Sincerely,

Trevor G. McKenzie
Executive Director
Community Habitat Programs Inc.

Authorized Signature: _____

Date: _____

ALTERNATIVE STATEMENT WHEN GOODS OR SERVICES WERE PROVIDED

Use the following section instead of the "No goods or services" statement when the donor received a meal, admission, merchandise, sponsorship benefit, or another item of value:

Community Habitat Programs Inc. acknowledges receipt of a contribution totaling **$[** _____**]**.

In exchange for this contribution, the donor received goods or services with an estimated fair market value of **$**_____

The estimated charitable portion of the payment is **$**_____, subject to applicable tax law and the donor's individual circumstances.

Description of goods or services provided:
[Describe the meal, event admission, merchandise, advertising, sponsorship benefits, or other benefits received.]

IN-KIND DONATION RECEIPT

Receipt Number: [Receipt Number]
Date Issued: [Date]
Donation Date: [Date Property or Services Were Received]

Community Habitat Programs Inc. gratefully acknowledges receipt of the following donated property:

Donor Name: [Donor's Full Name or Business Name]

Description of Donated Property:
[Provide a detailed description of the materials, equipment, supplies, furniture, appliances, building materials, professional services, or other donated items.]

Quantity: [Quantity]

Condition: [New, Used, Good, Fair, or Other]

No goods or services were provided by Community Habitat Programs Inc. in exchange for this donation.

Community Habitat Programs Inc. has not assigned or verified a monetary value for the donated property. The donor is responsible for determining the fair market value of the contribution and obtaining any appraisal required by law.

Federal Employer Identification Number: 42-3712027

Authorized Representative:
Trevor G. McKenzie
Executive Director
Community Habitat Programs Inc.

Authorized Signature: _____

Date: _____