

2004 TIMBERCREEK DR MANHATTAN KS 66502-8959 785-313-2013

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DONATION - TAX RECEIPT FORM

| DATE | |
|---|----------------------------|
| NAME (PLEASE PRINT) | |
| ADDRESS | |
| CITY | STATEZIP |
| PHONE NUMBER | |
| TOYS FOR MANHATTAN WILL NOT EX YOU MAY FILL IN THE FAIR MARK AND KEEP THIS RECEIP | ET VALUE OF YOUR DONATIONS |
| Quanity Items Donated | \$ Value \$ |
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| As required by the Internal Revenue Code, in consideration | |

THANK YOU