

Felicia's, inc.

ODDBALL IMAGING STUDIO

DONATION FORM

FULL NAME:

ADDRESS:

PHONE NUMBER:

EMAIL:

DONATION AMOUNT:

I, the undersigned representative, declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that there were no goods or services provided as part of this donation. Furthermore, as of the date of this receipt the above-mentioned organization is a current and valid 501(c)(3) non-profit organization in accordance with the standards and regulations of the Internal Revenue Service (IRS).

CLIENT'S AGREEMENT

I, _____ (Full Name), have read and understood the terms and conditions of this donation form.

Date: _____

Client's Signature over Printed Name: _____

Please mail your donation and this completed form to Felicia's Inc. PO Box 101, Rupert, VT 05768

All checks to be made out to Felicia's Inc.