

# Aid and Support After Pregnancy

## ASAP

### Donation Receipt Letter

\_\_\_\_ acknowledges receipt of the below donation(s) from  
(Name of Organization)

Knights of Columbus Council \_\_\_\_\_ on \_\_\_\_\_.  
(Council Name or Number) (Date)

.....

Value of Items Donated \_\_\_\_\_

or

Funds Donated \_\_\_\_\_

.....

Organization Name: \_\_\_\_\_

Organization EIN # / CRN: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Organization Representative)

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

State/Province: \_\_\_\_\_ Council/Assembly Number: \_\_\_\_\_

