



**Acknowledgement of CASH Contribution**

AIDS Foundation Houston, Inc.  
ATTN: In-Kind Donation  
6260 Westpark Dr. Suite 100  
Houston, TX 77057  
Office: 713-623-6796  
Fax: 713.623.0546

**Received from**

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Donor Name \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (h)(w)(cell) \_\_\_\_\_

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Date of Donation \_\_\_\_\_

Program/Event supported \_\_\_\_\_

Brief description of donated item(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Received By (staff member)** \_\_\_\_\_

Donor reported value of donation: \$ \_\_\_\_\_

**Thank you for your donation. This form will serve as your tax receipt. Please keep this form for your records. AIDS Foundation Houston, Inc. is a registered 501(c)(3) non-profit corporation.**

**Donor received no consideration, in whole or in part, for this donation.**