



The Cancer League of Colorado, Inc. acknowledges the receipt of your kind donation

\_\_\_\_\_ for our benefit on \_\_\_\_\_  
 (Name of Benefit) (Date of Benefit)

**Please know that your gift is very much appreciated, as is your help in making this event a success! Gratefully, The Cancer League of Colorado, Inc.**

Item	Date:
	Retail Value:
Donor:	Telephone:
	Email
Business Contact:	Fax:
Business Address:	Item Exchangeable By Merchant For Alternative of Equal Value:
Business Tax I.D. No.:	Yes No
<input type="checkbox"/> Item Received By Volunteer With Form	<input type="checkbox"/> Donor Deliver
<input type="checkbox"/> Appraisal Attached.	<input type="checkbox"/> Item Pickup
<input type="checkbox"/> Gift Certificate/Envelope	When _____
	Where _____

Additional Information and/or Restrictions If Applicable:

\_\_\_\_\_  
 (Print Donor Name) Donor's Signature)

This donation becomes the property of the Cancer League of Colorado, Inc., the proceeds of which go to cancer research and services in Colorado.

\_\_\_\_\_  
 (Volunteer's Signature)

The Cancer League of Colorado, Inc. is a registered not for-profit organization and is exempt from Federal income tax under 501(c)(3) of the Internal Revenue Code (84-0989426).

All donations are tax-deductible, as allowed by IRS regulations.

**CANCER LEAGUE OF COLORADO, INC. P.O 5373 ENGLEWOOD, COLORADO 80155**

White and Yellow Copy: Cancer League Pink Copy: Donor