

## Request Form: General Receipt

Agency/Ministry/OPP: Click or tap here to enter text.

Campaign Chair/Treasurer (name): Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Donation Date: Click or tap to enter a date.

Donor Name: Click or tap here to enter text.

Donor Address: Click or tap here to enter text.

Description of Donated Item: Click or tap here to enter text.

Please provide any additional details here: Click or tap here to enter text.

By submitting this form via my work email, I confirm the accuracy of information contained here and request tax receipts be issued from Federated Health Charities.

X

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Federated Health Charities Campaign Chair