

Somerville Homeless Coalition  
One Davis Square  
P.O. Box 440436, Somerville, MA 02144  
617-623-6111 - www.shcinc.org



## Donation Tax Receipt

Please complete this form and retain for your tax records.

Date: 1/1/2017 Donation from: Individual  Organization/Company

Organization/Company name: SUPI SERVICE COMMITTEE

Name: BILL BUMPUS

Address: 84 PEMBROKE ST.

City: ~~SOMERVILLE~~ BOSTON State: MA Zip: 02118

Phone: 617-625-9070 E-mail: \_\_\_\_\_

SHC will not sell, rent or share your e-mail address,  
Would you like to be added to our e-mail list?  Y  N

### Donation Information

Check ALL applicable boxes and provide a brief description.

	Value of Donations
<input type="checkbox"/> Gift items: _____	\$ _____
<input type="checkbox"/> Gift cards/Tickets/Passes: _____	\$ _____
<input checked="" type="checkbox"/> Food: <u>3 TRAYS: LASAGNA</u>	\$ <u>60.00</u>
<input type="checkbox"/> Other: _____	\$ _____

Attach copies for receipts, letters or other relevant information.

Total: \$ 60.00

Thank you for your contribution!

Donation received by:

For your accounting purposes: SHC did not provide any goods or services to you in exchange for this donation. If you have any questions, please call 617-623-6111. Our Federal Tax ID is 04-2897447.

To claim a charitable deduction for your donations, you must assign a value to them. By law, SHC cannot tell you the value. As the taxpayer, you will need this form as proof of your donation for tax deduction purposes. To be valid, this receipt must be completed at the time of the donation. Validation of value for items greater than \$500 may be needed by