

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: 2/19/17 Donation from: Individual  Organization/Company

Organization/Company name: KHA NIQA NIMATOIAH I

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

Address: 84 Penn broke

City: Boston State: MA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ 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>\$ 80</u> |
| <input type="checkbox"/> Other: _____                     | \$ _____        |

**Total: \$** \$ 80

Attach copies for receipts, letters or other relevant information

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

