

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



- SHC office Adult shelter
 Family shelter Project SOUP

Donation Tax Receipt

Please complete this form and retain for your tax records.

Date: 3/19/17 Donation from: Individual Organization/Company
Organization/Company name: SUP SERVICES COMMITTEE
Name: BILL BUMPUS
Address: 84 PEMOLDS ST.
City: 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>CHICKEN, RICE & PB&J</u>	\$ <u>40</u>
<input type="checkbox"/> Other: _____	\$ _____

Attach copies for receipts, letters or other relevant information.

Total: \$ 40

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 you in order to substantiate your deduction to the IRS.