



DONATION RECEIPT

DATE: _____

ORGANIZATION: FIRST RESPONDER FACE-OFF FOUNDATION, INC.

EIN: 82-2386405

DONATION INFORMATION

DONOR'S NAME: _____

DONOR'S ADDRESS: _____

DONATION VALUE: _____

DONATION DESCRIPTION: _____

I, the undersigned representative, declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that there were no goods or services provided as part of this donation. Furthermore, as of the date of this receipt the above-mentioned organization is a current and valid 501(c)(3) non-profit organization in accordance with the standards and regulations of the Internal Revenue Service (IRS).

AUTHORIZED REPRESENTATIVE
FIRST RESPONDER FACE-OFF FOUNDATION, INC

DATE