



1201 W La Veta Ave
Orange, CA 92868
(714) 509-8690

Gift Receipt

This form serves as your tax receipt.
No goods or services were provided.
Federal Tax ID#: 95-6097416

Donor is an:

Individual - Name: _____

Business/Group Bus/Group name: _____

Contact person: _____

Address: _____

(For an individual donor please provide home address, for a business donor please provide business address.)

City: _____ State: _____ Zip: _____

Phone Number: Home Cell Business _____

Donation Type: Cash or Check: Amount: \$ _____

Non-cash/Gift-in-kind: please list information below

Quantity	Description (please be general - i.e. assorted toys - est value \$200)	Estimated Value:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Donation received by:

CHOC Children's- Orange Campus CHOC Children's at Mission Date: _____

CHOC Representative Name: _____ Ext: _____

CHOC Department: _____

Donor Acknowledgement:

Donor's Signature: _____

In accordance with Internal Revenue Service requirements, if your donation is a non-cash gift with a fair market value of \$500 or more and you intend to claim a tax deduction, you must complete IRS Form 8283. Form 8283 can be obtained online at www.irs.gov.

On behalf of the CHOC Children's Foundation, thank you for your thoughtful donation. Your gift will enable CHOC Children's to better meet the needs of the patients and families we serve.

Thank you!

Please return completed and 'signed' form to donorrelations@choc.org for donation tracking.