



501(c)(3) ORGANIZATION DONATION RECEIPT

Date: _____

Name of Non-Profit Organization: FREE SPIRIT CONSERVATORY OF THE ARTS

Mailing Address: 8840 OLD GEORGETOWN RD SW SUNSET BEACH, NC 28468

EIN: 87-3061741

Donor Information

Donor's Name: _____

Donor's Address: _____

Donation Information

Thank you for your donation with a value of _____ Dollars

(\$ _____), made to the above-mentioned 501(c)(3) Non-Profit Organization.

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).

Representative's Signature _____

A handwritten signature in black ink, appearing to be "Michael Rogers", is written over a horizontal line.

Representative's Name: Michael Rogers

Title: Director of Operations Date: _____