Shop With A Cop Donation Receipt

(McHenry County Police Charities (SWAC) 501(c)3 300325009)

Drop Off Date: ____/____/____ Volunteer Name: _____

Donor's Name: _____
First, Last and/or Business Name)

Donor's Address: _____
(Street, City, ST, Zip)

_____

Item Description: _____

_____

Item $$ Value: _____

Volunteer Signature: _____