



Building access, equity, and power with LGBTQIA2+ young people through leadership, advocacy, community-building, education, and peer support since 1990

In-Kind Donation Receipt

Date:

Name of Non-Profit Organization: Inside Out Youth Services

Mailing Address: 516 W Colorado Ave. Colorado Springs, CO. 80905

EIN: 84-1407299

Donor Information

Donor's Name: _____ Company Name (if applicable): _____

Donor/Company Address: _____

Donor Email: _____ Donor Phone Number: _____

Donation Information

Thank you for your donation with a value of _____ Dollars (\$ _____), made to Inside Out Youth Services.

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).

Donor Signature: _____

Please send this filled out form to donate@insideoutys.org, as well as any receipts you might have regarding this donation.

To be filled out by IOYS staff:

Staff Signature: _____ Date: _____

Name (Printed) and Title: _____