

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: <u>Inside Out Youth Services</u>		
Mailing Address: 223 N Wahsatch Ave. Suite 101. Colorado Springs, CO. 80903		
EIN: <u>84-1407299</u>	Donor Informati	on
Donor's Name:		
Donor's Address:		
	Donation Informa	ation
Thank you for your donation wit	th a value of	Dollars
(\$), made to th	e above-mentioned 501	(c)(3) Non-Profit Organization.
Donation Description:		
l, 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).		
Please email completed form to nico@insideoutys.org and save a copy for your tax records.		
To be filled out by Inside Out Youth Service		
Signature	Date:	
Name (Printed)		
Title:		