



REQUEST FOR DONATION RECEIPT

DATE: _____ MEMBER NAME: _____

COMMITTEE: _____

COMMITTEE CHAIRMAN: _____

MAKE DONATION RECEIPT FOR (Name): _____

MAILING ADDRESS (where receipt is to be sent): _____

Original receipt(s) must be presented to PLGC Treasurer within 90 days of receipt date, attached to this request and approved by Committee Chairman.

DATE	AMOUNT	VENDOR	DESCRIPTION

Approved by Committee Chair: _____
Signature Date

Please keep one copy for your records and mail a completed form and original receipts(S) to the PLGC Treasurer at:

Pat Minnigh
25345 Shelby Court
Millsboro, DE 19966

----- To Be Completed by Treasurer -----

DONATION RECEIPT# _____ DATE OF DONATION RECEIPT: _____

DONATION RECEIPT SIGNED BY: _____