



15 South Henry Street  
Pearl River, NY 10965  
800-477-1847  
<http://kids.zetapsi.org>

**SAMPLE FORM 2 – GOODS AND/OR SERVICES RECEIVED BY DONOR**

**DATE:** \_\_\_\_\_

**RECEIPT #** \_\_\_\_\_

This receipt is to certify that \_\_\_\_\_ made a charitable contribution to  
**(Name of donor)**

Zete Kids in the amount of \$ \_\_\_\_\_. In return for your donation you have received the following, which we estimated to have a fair market value of \$ \_\_\_\_\_, \_\_\_\_\_.  
**(List of goods and/or services provided)**

This donation was received by \_\_\_\_\_ from the \_\_\_\_\_  
**(Your name)** **(Chapter)**

Chapter of Zeta Psi, an authorized agent of Zete Kids.

\_\_\_\_\_  
**(Authorized Agent of Zete Kids Signature)**

You must reduce the amount of your charitable deduction by the value of the goods and/or services.

-----detach here-----

**DATE:** \_\_\_\_\_

**RECEIPT #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**AMOUNT OF DONATION:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_