



The Contra Costa Regional Medical Center Auxiliary accepts donations made to CCRMC and Health Centers. These donations are distributed throughout the Contra Costa Regional Medical Center and Health Centers.

NAME (Please Print) _____ DATE _____

GROUP NAME/CHAPTER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ TELEPHONE _____

Our policy does not allow us to estimate the value of donations. You may fill in the fair market value of your donations and keep this receipt for tax purposes.

Please describe your donation (Handmade Items, Books, Layette Items, Stuffed Animals, Surgical Pillows, Reading glasses, etc.)

| Quantity: | Description: |
|---------------------------------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Estimated Fair Market Value: \$ _____ | |

Received by: _____

(Staff Member or Volunteer – Please Print Your Name)

As required by the Internal Revenue Code, there were no goods or services provided to you in consideration for this gift,.