BRAS FOR A CAUSE

in support of

Breast Cancer Survivors

www.donateyourbra.com

IRS Tax Deduction Receipt

Complete this form and include a self-addressed stamped envelope with your address

Name:_____

Address 1:_____

Address 2:_____

City:_____

State:_____ Zip:_____

Your donation validation will be attached here when we return this receipt to you.

Enclose Cash/Check Donation: Check #_____ Amount: $_____

Suggested minimum donation: Cost of shipping. Once we receive your donation we have to mail it to a survivor.

Qty	New/Used	Description of item	Qty	New/Used	Description of item
____	N/U	_____	____	N/U	_____
____	N/U	_____	____	N/U	_____
____	N/U	_____	____	N/U	_____
____	N/U	_____	____	N/U	_____
____	N/U	_____	____	N/U	_____
____	N/U	_____	____	N/U	_____
____	N/U	_____	____	N/U	_____
____	N/U	_____	____	N/U	_____
____	N/U	_____	____	N/U	_____
____	N/U	_____	____	N/U	_____
____	N/U	_____	____	N/U	_____
____	N/U	_____	____	N/U	_____

Donate Your Bra For A Cause Inc.

10746 Fenton Drive, Parker AZ 85344

IRS 501(c3) tax deductible non-profit organization EIN: 47-4746922