



**Dr. Howard Fuller
Collegiate Academy**

- Founded in 2004 -

501(c)(3) ORGANIZATION DONATION RECEIPT

Name of Non-Profit Organization: Dr. Howard Fuller Collegiate Academy

Mailing Address: 4030 North 29th Street, Milwaukee, WI 53216

EIN: 30-0322248 (Find on the [IRS Website](#))

Donor Information

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Mailing Address: _____

Donation Information

Thank you for your donation with a value of _____ Dollars (\$_____), made to the above-mentioned 501(c)(3) Non-Profit Organization.

Donation Description: _____

I, 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).

Representative's Signature: _____

Representative's Name _____

Title: _____ Date: _____