

## **Donation Acknowledgement**

Woman's Life Insurance Society	would like to thank you
(Name of Chapter)	
for your donation which will be used exclusively for charitable purposes. claimed as a tax deduction. Keep this written notice for your tax records.	
Name of Donor:	
(Please Print)	
Date of Donation:	
Amount of Cash Donation (if any):	
Description of Donated Items (if any):	
Location where donation was made:	
Choose one:	
No goods or services were provided in exchange for your control	ntribution.

□ We estimate that \$\_\_\_\_\_\_ of your monetary contribution is the value of goods and services provided to you. The amount of the contribution that is deductible for federal income tax purposes is limited to the excess of money (and the

fair market value of property other than money) contributed over the value of any

Signature of chapter member witnessing this donation.

goods or services provided.

Woman's Life Insurance Society<sup>®</sup> A Fraternal Benefit Society 1338 Military Street PO Box 5020 Port Huron, Michigan 48061-5020 800.521.9292 810.985.5191 www.womanslife.org