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(773) 271-9382



A nonprofit corporation: FEIN #36-2894128

This form is your record of donations to Howard Brown Health of goods to be used and sold by the organization. All donations and proceeds benefit the programs and services of Howard Brown Health. For further information and a complete list of all programs and services, please visit www.howardbrown.org.

Donor Information:					
Name/Company Name Address					-
					-
City		_ State	Zip		-
Phone Number					
Donated Items:					Value:
No goods or services were received Values claimed for income tax pexceeds \$500 during a given tax you claim a deduction of more to Please follow IRS guidelines and advice, and we cannot provide	urposes are the sole responsil year, you may be required to han \$5,000 per item or group d obtain your own tax and le	bility of the don file IRS Form 828 of similar items egal advice. We	or. If your total claime 83. Donated items, or may require a signed are not able to pro	ed deduction for groups of simil appraisal by a c vide any tax or	donated property ar items, for which ualified appraiser legal guidance of
Date	Total Value				
				MZ	Ty
Donor's Signature		For Ho	ward Brown Health:	•	0

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