



**Historic Point Basse, Inc.
P.O. Box 295
Nekoosa WI 54457-1556**

Tax Deductible Donation Receipt Voucher

Date: _____

Donor's Name: _____

Donor's Address: _____

Donor's City: _____

Donor's State: _____ Zip Code: _____

Donation made **In Memory Of** (If applicable): _____

If donation is a **check**, please indicate the **Check Number**: _____

Items Donated:

Estimated Value of In-Kind Donation: \$ _____ **(Donor's Responsibility)**

Please note: Anything over \$250.00 must be itemized to comply with state guidelines.

Any items given will be the sole possession of Historic Point Basse, Inc.

Donor Signature

Date

Historic Point Basse Officer Signature Date