Tax Donation/Credit Receipt

Thank you for your contribution to the Jerry Ambrose Veterans Council of Mohave County, Inc. (JAVC) a Qualifying Charitable Organization. **QCO Code # 21017 (required to be noted on form 321)**

**Your support is greatly appreciated.**

The Jerry Ambrose Veterans Council is a 501.C.3 nonprofit organization registered with the IRS under the noted EIN # 46-196780. Your contribution is tax-deductible to the extent allowed by law.

**PLEASE PRINT**

I/We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, tax paying citizen(s) of the

State of Arizona, contribute the sum of $\_\_\_\_\_\_\_\_\_\_\_ to the Jerry Ambrose Veterans Council of

Mohave County Inc.

Donor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Optional) E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Of donation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Note: The contribution needs to be postmarked prior to April 15 of any given tax year.

Keep a copy of this form with your tax records as proof of your contribution.

Consult your tax advisor on the forms to file with the State of Arizona.

**You may duplicate this form to pass along to a friend and ask them to**

**contribute to the Veterans.**