



**MAINE
NEEDS**
a community effort

DONATION RECEIPT

Print at home or request a receipt on site.

*Receipts can only be authorized by
Maine Needs volunteers at the time of
donation.*

Date: _____

Please list the items you donated to Maine Needs below:

Name: _____

Address: _____

City, State: _____ Zip: _____

THANK YOU FOR DONATING TO YOUR COMMUNITY!

Maine Needs | EIN 84-4746926

332 Forest Ave

Portland, ME 04101

info@maineneeds.org

*This receipt is the only record of
your tax-deductible donation. No
goods or services were provided
by Maine Needs in exchange for
this donation.*

MN Auth: _____

Date: _____



**MAINE
NEEDS**
a community effort

DONATION RECEIPT

Print at home or request a receipt on site.

*Receipts can only be authorized by
Maine Needs volunteers at the time of
donation.*

Date: _____

Please list the items you donated to Maine Needs below:

Name: _____

Address: _____

City, State: _____ Zip: _____

THANK YOU FOR DONATING TO YOUR COMMUNITY!

Maine Needs | EIN 84-4746926

332 Forest Ave

Portland, ME 04101

info@maineneeds.org

*This receipt is the only record of
your tax-deductible donation. No
goods or services were provided
by Maine Needs in exchange for
this donation.*

MN Auth: _____

Date: _____