IN-KIND RECEIPT

Donation date:

_____ / _____ / _____

Received by:

_____

DONOR INFORMATION:

Name: _____

Phone: _____

Email: _____

Address: _____

_____

_____

DONATION DETAILS:

ITEM / SERVICE	DESCRIPTION	QUANTITY	ESTIMATED VALUE
		TOTAL	

Thank you for your generous in-kind donation.
Your gift helps Breaking Free provide essential care, safe and stable housing, and critical support services to individuals who have experienced sexual exploitation and homelessness. We are deeply grateful for your support and solidarity in this work.

Breaking Free is a 501(c)(3) nonprofit organization. No goods or services were provided in exchange with this donation.

BREAKING FREE
P.O. Box 4366 St. Paul, MN 55104
Main Office: (651) 645-6557
www.breakingfreemn.org
EIN: 41-1856806

THANK YOU FOR YOUR DONATION!