



DONATION RECEIPT

Date: ____ / ____ / ____

DONOR INFORMATION:

First Name(s): _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

DONATION AMOUNT:

\$

Check # _____

Cash

Please make your check payable to "BHSS Sounds of South" and mail to your SOS rep. or call for pickup.

IMPORTANT: Your donation is tax-deductible. If "yes" is checked for free tickets (see below), the deductible portion of your donation will be reduced by \$40 (the fair market value of the tickets). If "no" is checked or if your donation is less than \$100, then no goods or services of any value will be transferred to you in connection with your donation, and the entire amount is deductible. The yellow copy of this form is your receipt and should be kept along with your tax records.

FREE TICKETS: For a minimum donation of \$100, you are eligible to receive vouchers good for two free tickets to our Fall Musical *and* our Spring Finale Concert.

Yes, please send me vouchers for tickets.

No, I will not be able to attend.

SOS STUDENT REPRESENTATIVE:

Name: _____

Telephone: _____

Address: _____

For Internal Use	
Data entered	<input type="checkbox"/>
Advisor Grp.	_____
Verified	_____
Deposit #	_____