MARGARET-PHILOMENA
HEALTH FOUNDATION

**501(c)(3) ORGANIZATION DONATION RECEIPT**
EIN: 82-3442065

Date: _____

Name of Non-Profit Organization: MARGARET~PHILOMENA HEALTH FOUNDATION

Mailing Address: 8544 West Bellfort Avenue #400, Houston, Texas 77071, USA

**Donor Information**

Donor's Name: _____

Donor's Address: _____

**Donation Information**

Thank you for your donation with a value of _____ Dollars

($_____), made to the above-mentioned 501(c)(3) Non-Profit Organization.

Donation Description: _____

I, the undersigned representative, declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that there were no goods or services provided as part of this donation. Furthermore, as of the date of this receipt the above-mentioned organization is a current and valid 501(c)(3) non-profit organization in accordance with the standards and regulations of the Internal Revenue Service (IRS).

Representative's Signature _____

Representative's Name _____

Title: _____

Date: _____