



## TAX RECEIPT REQUEST FORM

If you made a donation to Matrix Parent Network and Resource Center and need a copy of a tax receipt acknowledging your gift, please completely fill out this form and fax, mail, or email to the address below.

### Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Email \_\_\_\_\_

### Donation Information

Gift Amount \$ \_\_\_\_\_ Payment method:  Check  Credit Card  Other

Date of Gift \_\_\_\_\_ Description of Gift (if other) \_\_\_\_\_

How would you like to receive your receipt?

Email  Fax  Mail  I'll pick it up on \_\_\_\_\_  
day and time of pick up

Questions: Please contact Kristie Anderson, 415-475-2118, [kristiea@matrixparents.org](mailto:kristiea@matrixparents.org)

Please return this form to:

Development Office  
Matrix Parent Network and Resource Center  
94 Galli Drive, Suite C  
Novato, CA 94949

Matrix is a 501 (C)(3) Non-profit organization Tax ID 94-2747307