



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: Contact our Matrix office at (415) 884-3535. Please return this form to:

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

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