



**CAN Behavioral Health**

401 W. Texas Ave, Baytown, TX 77520

Charity Registration number (20-8203513)

**In-Kind Donation Receipt**

Date of Donation: \_\_\_\_\_

Individual or Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Donation**

Type:  Goods  Services

**Description of item donated:**

\_\_\_\_\_  
\_\_\_\_\_

**Declared Value (donor should set):** \_\_\_\_\_

**Authorization**

Donor Signature: \_\_\_\_\_

Committee Member Name: \_\_\_\_\_

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*Please email your completed form to Jennifer Havenar at [JennH@canbh.org](mailto:JennH@canbh.org). For questions, please call 281-635-4849.*

*CAN Behavioral Health is a registered 501(c)(3) nonprofit. Your contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for this donation. This form should serve as your receipt. Please retain a copy of this form for your tax records.*

*Thank you for your generous support!*