

PO Box 4558, Silver Spring, MD 20914 / 301-602-7288 / <u>www.bensrun.org</u>

Saturday, April 25, 2015 in Silver Spring, MD

DONATION RECEIPT

Today's date:				
Name of organization/business	i			
Address	Zip			
Phone Number	E-Mail			
Contact Person/Title				
Type of donation Cash Amt	Check	Amt		
Level (if applicable):Frie	nd of the Run/\$100 _	Star Su	upporter/\$250	
Cancer Fighter/\$500	Cancer Warrior/\$	1,000	Ben's Run C	hampion/\$2,500
Ben's Run Superhero/\$5	,000			
Gift Card/Certificate for	C	luantity		
Food/drinks				
Tickets to	s to # of Tickets			
Other	Value of donation (if not spec		on (if not specif	ed)
Ben's Run Representative				
"Thank you for support for Ben	's Run to benefit Child	dren's Nati	onal Medical Ce	enter!"
Clare Goldfogle, President of B	en's Gift. Inc.			

* Please give copy of this receipt to organization. Tax ID # 453550053.