



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

Saturday, April 6, 2019 in Silver Spring, MD

****DONATION RECEIPT****

Today's date: _____

Name of organization/business _____

Address _____ Zip _____

Phone Number _____ E-Mail _____

Contact Person/Title _____

Type of donation Cash Amt. _____ Check Amt. _____

Level (if applicable): _____ Friend of the Run/\$100 _____ Star Supporter/\$250

_____ Cancer Fighter/\$500 _____ Cancer Warrior/\$1,000 _____ Ben's Run Champion/\$2,500

_____ Ben's Run Superhero/\$5,000

Gift Card/Certificate for _____ . Quantity _____

Food/drinks _____

Tickets to _____ . # of Tickets _____

Other _____ Value of donation (if not specified) _____

Ben's Run Representative _____

"Thank you for support for Ben's Run to benefit Children's National Medical Center!"

Clare Goldfogle, President of Ben's Gift, Inc.

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