



DONATION RECEIPT

Healthy St. Mary's Partnership (HSMP) c/o Minority Outreach Coalition
P.O. Box 1625
California, Maryland 20619

Donor's name: _____ Date: _____

Thank you for your contribution* of \$ _____ in value to the Healthy St. Mary's Partnership (HSMP). This donation was received in the form of ____ Cash ____ Check ____ Money Order.

The Healthy St. Mary's Partnership c/o Minority Outreach Coalition is classified as a 501 C (3) non-profit organization by the standards of the Internal Revenue Service (IRS). Therefore, this donation may be tax deductible to the extent allowed by law.

Authorized signature:

Nathaniel Scroggins,
HSMP Vice Chair
(C) 240-538-5681
E-mail: moestmarys@gmail.com

*No goods or services were provided by Healthy St. Mary's Partnership in return for the contribution.