



Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

Please list the items you donated to the Agrace Thrift Stores (i.e., clothing, books, housewares, décor, etc.)

Estimated value of these donated items for tax purposes is \$ _____

(Value determined by the donor. Please consult our [donation value guide](#) to help you determine the value of your donated items).

No goods or services were exchanged for this donation. All donations become Agrace property and may be sold or recycled at the discretion of the Agrace Thrift Stores.

THANK YOU FOR YOUR SUPPORT!

When you donate to our stores, you are supporting Agrace, a nonprofit, community-based health care agency that serves patients across southern Wisconsin. Proceeds from these stores support Agrace's mission of compassionate hospice and palliative care.

Save this receipt for tax purposes.

Federal tax ID# 30-0001703
Agrace Foundation Inc.
5395 E. Cheryl Parkway, Madison, WI 53711
(608) 276-4660
agrace.org

RECEIPT OF DONATED GOODS