



## Donation Receipt

<b>Date:</b>	
<b>Name/Company:</b>	
<b>Donation Amount:</b>	\$
<b>Donated Item(s):</b>	
<b>Payment Type:</b>	

**Thank you for your support!**

HomeAid Orange County, 24 Executive Park, Suite 100, Irvine, CA 92614  
T: 949.553.9510 | [www.homeaidessentials.org](http://www.homeaidessentials.org)  
Non-Profit Federal Tax ID #33-0568079



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