



HEALTHY START OF CLACKAMAS COUNTY DONATION RECEIPT

Thank you for your donation to Healthy Start of Clackamas County. We appreciate your support and thoughtfulness to local families.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: (503) _____ EMAIL: _____

DONATION DESCRIPTION: _____

DONATION VALUE \$ _____

HEALTHY START OF CLACKAMAS COUNTY 2051 KAEN RD. OREGON CITY, OR 97045
8601. TAX ID# 94-3032590

Donor Copy



HEALTHY START OF CLACKAMAS COUNTY DONATION RECEIPT

Thank you for your donation to Healthy Start of Clackamas County. We appreciate your support and thoughtfulness to local families.

NAME: _____ *DATE:*

ADDRESS:

CITY: _____ *ZIP CODE:*

PHONE: (503) _____ *EMAIL:*

DONATION DESCRIPTION:

DONATION VALUE \$ _____

HEALTHY START OF CLACKAMAS COUNTY 2051 KAEN RD. OREGON CITY, OR 97045
8601. *TAX ID# 94-3032590*

Healthy Start Copy