



DONATION RECEIPT

Name: _____
Address: _____
City, State: _____ Zip: _____

Print at home or request a receipt on site. Receipts can only be authorized by Mainly Teeth admin at the time of donation
www.mainlyteeth.org

| Description of items donated | Qty | Price | Total |
|------------------------------|-----|-------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Subtotal | | | |
| GRAND TOTAL | | | |

This receipt is the only record of your tax-deductible donation. No goods or services were provided by Mainly Teeth in exchange for this donation.

MT Authorization: _____

Date: _____

Thank you!

Mainly Smiles | EIN 85-4255473
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