



**CAPE COD
HOSPITAL**

Auxiliary

PO Box 370, Hyannis, MA 02601 | 508-862-5088

Donation Receipt

Date: _____

Name of Non-Profit Organization: **Cape Cod Hospital Auxiliary**

Mailing Address: **PO Box 370, Hyannis, MA 02601**

Tax EIN: **04-2595304**

Donor's Name: _____

Donor's Address: _____

Donation Information

Thank you for your donation indicated below made to the Cape Cod Hospital Auxiliary, a 501 (C (3) Non-Profit organization raising monies to build new facilities, enhance existing programs and purchase new equipment for Cape Cod Hospital.

Cash (\$ _____)

Other, donation description: _____

(NOTE: Valuation of donation is the responsibility of the donor.)

No goods or services were provided in exchange for this gift. This document is necessary for any Federal Income Tax deduction on your contribution. Please retain it for your records. Consult your tax advisor to determine the deductibility of this contribution.