



Award Receipt Verification Form

Please complete this form if you are awarding an item purchased by the Memorial Fund in lieu of cash or check. The form should be returned to CHARITYSMITH by email: brenda@charitysmith.org, or fax to: 530-999-2023.

Date: _____

Memorial Fund Name: _____

Date of Award: _____

Description of Award: _____

Award Recipient: _____

Award Recipient's Signature:

I hereby acknowledge that I received the above stated award from the above stated Memorial Fund, a division of CHARITYSMITH, Nonprofit Foundation (EIN 87-0636433).

Signature Date

Printed Name Title