



Sample Donor Receipt

DONOR RECEIPT  American Diabetes Association®
Cure • Care • Commitment®


DATE	
DONOR NAME	
AMOUNT	
SOLICITOR NAME	

All donations are fully tax deductible as allowed by law.
Thank you for your generous donation!

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Sample Deposit Slip

DEPOSIT SLIP  American Diabetes Association®
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DATE _____

AMOUNT _____

YOUR NAME _____

Should this money be credited to anyone other than yourself?
 Yes No

If so, please write on the back of this slip, the names of those who should receive credit and the amount each one should be credited.

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***Make additional copies of these forms as needed.**