# C:\Users\Phil_Kabler\OneDrive - CDS Family & Behavioral Health Services, Inc\Documents\Forms\CDS\Logos\new logo.png

# 501(c)(3) CORPORATION CONTRIBUTION Receipt

Date:

Name of Non-Profit Corporation: CDS Family & Behavioral Health Services, Inc. (CDS)

Mailing Address: 3615 Southwest 13th Street, Suite 7

Gainesville, FL 32608

EIN: 59-1435252

# Donor Information

Donor’s Name:

Donor’s Address:

# Donation Information

Thank you for your cash contribution of $ that CDS received on the date shown above.

Donation description of non-cash contributions:

(No value to be provided by CDS.)

No goods or services were provided in exchange for your contribution.

Representative’s Signature

Representative’s Name

Title:

Rev: 3/23 F-FD-1025