



In-Kind Donation Receipt

<i>To be completed by designated LTP representative.</i>	
Date:	Local Training Program:
Donated Item Description:	
Total Value:	
Donor Name:	Donation Date:
Company:	
Address:	
City, State, Zip:	Phone:
Email Address:	
<p>Thank you for being a Champion!</p> <p>Special Olympics Louisiana 46 Louis Prima Drive, Suite A Covington, LA 70433 (800) 345-6644 www.laso.org</p>	