



Donation Receipt

Donor Name: _____

Date of Donation: _____

Cash Donation Amount: _____

Non-Cash Donation (Please list items donated): _____

Total Value of Items Donated: _____
(Please estimate the fair market value of your donation)

No goods or services were provided by the organization in return for this donation. This letter acts as your receipt. Simply fill in the items donated and their monetary value and retain for your tax records.

Lexington Youth Theatre is a nonprofit, charity organization recognized as tax-exempt by the IRS under Section 501(c)(3). Thank you for your donation!

Sincerely,

The Board of Lexington Youth Theatre, Inc.

LYT Contact: _____

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Nita Jarrett

Vice President/Artistic Director
Mary Howe

Treasurer
Onda Goins

Secretary
Leslie Ward

President Emeritus
Evelyn Harris

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