



Date: _____



In-Kind Tax Receipt Request *Tax receipt to be issued to the contact listed below*

**Indicates required information to issue tax receipt*

Host Type	<input type="checkbox"/> Individual <input type="checkbox"/> Business
*Host Name	
*Company Name (if applicable)	
*Address	
*City, Province	
*Postal Code	
Phone	
*Email	

Receipt Details *Complete this section for each individual receipt and include all **original** receipts*

Detailed Description of Purchase	Amount Before Tax
Total	\$

*Please use additional pages if more space is required

This Tax Receipt Request Form along with all **original** receipts must be submitted within one month of your dinner event and can be delivered in-person or mailed to:

Ronald McDonald House BC & Yukon
Attn: Sunshine Purificacion
4567 Heather Street
Vancouver, BC V5Z 0C9