

DATE

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**DONATION METHOD**

- PROPERTY RECEIVED
- CHECK # \_\_\_\_\_
- CASH

**AMOUNT**      \$

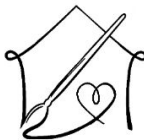
**DONOR INFORMATION**

NAME

ADDRESS

CITY                      STATE

ZIP                      PHONE



*Art Therapy*  
**HOUSE, INC.**

7646 North Teutonia Avenue  
Brown Deer, WI 53209  
info@arttherapyhouse.org  
414-797-2155

**DONATIONS**

**VALUE**

- This organization is a current and valid 501c(3) non-profit organization in accordance with the standards and regulations of the Internal Revenue Service (IRS).*
- No goods or services were provided in exchange for this donation.*