



Transgender Michigan Request for tax receipt In kind donation

Name: _____

Email address: _____

Mailing address: _____
(required if no email)

Description of item(s):

Fair market value (FMV) of item(s): \$ _____

I certify that this FMV is correct. _____ (signature)

Date: _____

*TransGender Michigan is a 501(c)(3) Michigan nonprofit organization.
The services we provide would not be possible without the support of people like you.*

Thank you.