



# In-Kind Donation Receipt

*To be completed by designated LTP representative.*

Date:

Local Training Program:

Donated Item Description:

Total Value:

Donor Name:

Donation Date:

Company:

Address:

City, State, Zip:

Phone:

Email Address:

Thank you for being a Champion!

Special Olympics Louisiana  
46 Louis Prima Drive, Suite A  
Covington, LA 70433  
(800) 345-6644  
[www.laso.org](http://www.laso.org)