

Medical Aid Donation Accounting Statement

This is an accounting medical aid services by the donor as a receipt for tax deduction purposes. The services listed and valued within is based on the fair market value of such items and is to be used for non-profit rescue and development purposes.

List Items Below	List Estimated Values Below
Memos:	Total Vlaue of Items <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>

I hereby attest that the following Accounting Statement is complete and accurate to the best of my knowledge. As the donor or acting representative of the donor I acknowledge the receipt of this accounting statement and have agreed to the donation of the services listed.

Donor/Supervisor Signature _____ Date _____

I hereby attest that the following Accounting Statement is complete and accurate to the best of my knowledge. As representative of _____ rescue I understand this Donation Accounting Statement and the donors right to revision or rescission within the given 72 hour period.

Rescue Representative Signature _____ Date _____