



Office phone, 703.339.5161
Thrift Store, 703.339.5161, ext. 130
LortonAction.org

Mailing address, P.O. Box 154
Lorton, VA 22199-0154
9518 Richmond Highway, Lorton VA 22079

Date: _____

LCAC portion

Name/Organization _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

How did you hear about our Outreach? _____

\$ _____ Cash or Check

\$ _____ **Complete** Backpack and supplies _____ number of children/teens adopted

LCAC values a complete Back 2 School adoption at \$50 (2 backpacks/supplies = \$100; 3 = \$150), etc.

\$ _____ Extra supplies (not a complete set)

\$ _____ Other items: _____

Total Value \$ _____

See our website for ways to be involved all year! <http://LortonAction.org>

Donor receipt

Date: _____

Name: _____

\$ _____ Cash or Check

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Total Value \$ _____

Total Value \$ _____ **Validated by: staff/volunteer** _____

Thank you for your donation to the Lorton Community Action Center (LCAC), a 501© 3 nonprofit organization. This receipt acknowledges that no goods or services were received in exchange for this donation. The donor is solely responsible for assigning the estimated value of donated non-food items.