



Trapped Puzzle Rooms Donation Receipt

Business Name:

Tax ID:

Business Address:

Contact Name:

Contact Phone Number:

Contact Email:

Name of Event:

Date of Event:

Description of Event:

Beyond our standard donation of two tickets, Trapped will match any additionally purchased tickets 1 for 1. How many additional tickets do you want to purchase:

To Be Filled Out By Trapped Puzzle Rooms

Date of Contribution:

Items Contributed:

Value of Contribution:

Code Issued:

Approved By: