



STATE OF NEVADA
OFFICE OF THE GOVERNOR
ATHLETIC COMMISSION

**501c(3) CHARITABLE ORGANIZATION
TICKET DONATION AKNOWLEDGMENT**

EVENT: _____ (the "Event")

VENUE: _____

DATE: _____

Charitable Organization: _____ (the "Charity")

Address: _____

Telephone: _____

Charity tax exempt No.: _____

Promoter's name: _____

Address: _____

Telephone: _____

This shall serve to acknowledge that the Promoter has donated to the Charity the following tickets to the Event, which Event is for live contest of unarmed combat, and shall serve as a receipt of such tickets as required by the Nevada State Athletic Commission and in compliance with NRS 467.107 and NAC 467.332.

Number of Tickets Donated	Face Value of Ticket	Total Value of Tickets

This shall further serve to acknowledge that the Promoter has not received services or goods in return or exchange for the donation of tickets to the Event.

Very Truly Yours,

Organization President or Executive Director