



**BlueCross BlueShield
of Tennessee Community Trust**

An Independent Licensee of the
Blue Cross and Blue Shield Association

801 Pine Street
Chattanooga, Tennessee 37402-2555

CORPORATE CHARITABLE CONTRIBUTION SUBSTANTIATION

Pursuant to Section 170 (f) (8) of the Internal Revenue Code, _____
(name of organization receiving contribution)

hereby acknowledges receipt of a charitable contribution of cash in the amount of \$ _____ from the
BlueCross Blue Shield of Tennessee Community Trust on _____ *(date)*.

The receiving organization did _____ did not _____ provide any tangible goods or services in consideration for the contribution.

If goods or services were provided by the charitable organization in consideration for the contribution, they are described below pursuant to Section 6115 of the Internal Revenue Code:

A good faith estimate of the value of such goods or services is \$ _____

The information provided above is accurate to the best of my knowledge.

Name: _____ Signature: _____

Title: _____

Date: _____

Please return this form (within one week of the event) to:

Kathy H. Bingham
Manager BlueCross BlueShield of Tennessee Health Foundation
and Community Trust
BlueCross BlueShield of Tennessee
1 Cameron Hill
Chattanooga TN 37402

FAX: 423-535-7173