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\_\_\_\_\_  
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## DONATION RECEIPT

Receipt No: \_\_\_\_\_

Date: \_\_\_\_\_

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### DONOR INFORMATION

Donor Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City, ST, Zip:

\_\_\_\_\_

Phone / Email:

\_\_\_\_\_

### DESCRIPTION OF IN-KIND CONTRIBUTION(S)

Detailed Description of Item(s) / Service(s)	Type (Product/Service)	Quantity	Estimated Value

*Thank you for your generous contribution. Please note that the organization provides no goods or services in consideration, in whole or in part, for this contribution. The valuation of the in-kind donation listed above is provided solely by the donor. The organization is a registered 501(c)(3) organization. Please retain this receipt for your tax records.*

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
REPRESENTATIVE NAME & TITLE