

Organization:

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Address:

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Tax ID (EIN):

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## IN-KIND DONATION RECEIPT

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

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

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### DONOR INFORMATION

Name:

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Address:

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Phone:

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Email:

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### CONTRIBUTION DETAILS

Date of Contribution:

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Received By:

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Location Received:

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### DESCRIPTION OF DONATED GOODS / SERVICES

DETAILED DESCRIPTION OF ITEM(S)	QTY	UNIT VALUE (\$)	TOTAL VALUE (\$)

DETAILED DESCRIPTION OF ITEM(S)	QTY	UNIT VALUE (\$)	TOTAL VALUE (\$)
<b>Estimated Total Value:</b>			

Thank you for your generous contribution. The organization is a registered 501(c)(3) organization. No goods or services were provided in exchange for this contribution other than the intangible religious or humanitarian benefits, if applicable. Under Internal Revenue Service guidelines, the estimated value of the in-kind donation listed above is established by the donor and not by the receiving organization.

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Authorized Representative Signature

**Title:**

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Donor Signature (Optional acknowledgement)

**Date:**

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