ORGANIZATION INFORMATION

Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____

Tax ID (EIN): _____

DONATION RECEIPT

Receipt Date: _____

Receipt No.: _____

DONOR INFORMATION

Donor Name:

_____

Address:

_____

City, State, Zip:

_____

Phone / Email:

_____

DONATED GOODS & DESCRIPTION

Qty	Description of Item(s)	Condition	Appraised Value *

Thank you for your contribution. No goods or services were provided in exchange for this contribution other than intangible religious benefits. Please retain this receipt for your tax records.

** Note: The organization is a registered 501(c)(3) organization. In accordance with IRS regulations, the organization does not assign a dollar value to donated property. The valuation of the donated items is the sole responsibility of the donor.*

_____

Authorized Representative Signature

_____

Date