

Tax ID / EIN:

IN-KIND DONATION RECEIPT

Receipt No:

Date:

DONOR INFORMATION

Donor Name:

Address:

City, State, Zip:

Phone:

Email:

DESCRIPTION OF DONATED GOODS / SERVICES

Detailed Description of Items Donated	Quantity	Estimated Value (\$)
Total 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. Pursuant to Internal Revenue Code requirements, the organization is not authorized to establish or confirm the monetary value of in-kind donations. The valuation of the items listed above is the sole responsibility of the donor. Please retain this receipt for your tax records.

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

