IN-KIND RECEIPT

Receipt No:

Date:

DONOR INFORMATION

Donor Name:

Address:

City, State, Zip:

Phone:

Email:

DESCRIPTION OF CONTRIBUTION	QUANTITY	ESTIMATED VALUE / CONDITION

Thank you for your generous contribution. Please note that no goods or services were provided in exchange for this contribution other than intangible religious or charitable benefits. The organization is a registered 501(c)(3) organization. The donor is responsible for establishing the final tax-deductible value of any in-kind contributions.

Authorized Signature

Date