**DONATION RECEIPT**

 **Donor Charitable Organization**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 Name Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 Address Address

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 City, State, Zip City, State, Zip

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 Date of Donation Tax ID Number

|  |  |  |
| --- | --- | --- |
| **Item(s) Donated** |  |  |
| 1. |  | 7. |
| 2. |  | 8. |
| 3. |  | 9. |
| 4. |  | 10. |
| 5. |  | 11. |
| 6. |  | 12. |

**(additional pages may be attached)**

**Goods or Services Disclosure**

c The Charitable Organization does not provide goods or services in whole or partial consideration for this donation **-OR-** c The Charitable Organization provides goods or services in whole or partial consideration for this donation that consist solely of intangible religious benefits.

**-OR-**

c The Charitable Organization has provided the following goods or services in whole or partial consideration for this donation: **(provide a description and good faith estimate of value)**

|  |
| --- |
|  |
|  |

Estimated Value: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 Authorized Signature Print Name Date