

# DONATION RECEIPT

## Donor

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date of Donation

## Charitable Organization

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Tax ID Number

## Item(s) Donated

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

(additional pages may be attached)

## Goods or Services Disclosure

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

-OR-

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