

501(c)(3) 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