# FOOD DONATION RECEIPT

Charity Name: _____

Street Address: _____

City, State, Zip: _____

Tax ID (Find on the IRS Website): _____

Date:_____

Donated By: _____

Donor Address: _____

City, State, Zip: _____

| Description of Food Item(s) | Quantity | Value ($) |
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**Total Value of Donated Food:**_____Dollars

($_____)

**Authorized Signature**_____

Print Name _____