

UNREIMBURSED EXPENSES DONATION RECEIPT

Donor

Name

Address

City, State, Zip

Charitable Organization

Name

Address

City, State, Zip

Tax ID Number

Services Provided

Description of services provided by Donor that the expenses are directly resulting from:

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