

[ORGANIZATION NAME]

[Address Line 1]

[City, State, Zip]

[EIN/Tax ID Number]

# IN-KIND RECEIPT

RECEIPT #: \_\_\_\_\_

DATE: \_\_\_\_\_

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**Donor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Email:** \_\_\_\_\_

| Description of Donated Items/Services | Quantity | Estimated Value* |
|---------------------------------------|----------|------------------|
|                                       |          |                  |
|                                       |          |                  |
|                                       |          |                  |
|                                       |          |                  |

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**\*Legal Disclaimer:** The organization provided no goods or services in consideration, in whole or in part, for this contribution. In accordance with IRS regulations, it is the donor's responsibility to determine the fair market value of the items donated.

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Authorized Signature

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Donor Signature (Optional)