

DONATION RECEIPT

Cardiology Device Transfer

DATE
REFERENCE NO.

DONOR (CLINIC/INSTITUTION)
CONTACT PERSON
RECIPIENT ORGANIZATION
TAX ID / CHARITY REG #

Device Description	Manufacturer / Model	Serial Number	Qty	Est. Value
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TOTAL FAIR MARKET VALUE \$

AUTHORIZED SIGNATURE (DONOR)
ACKNOWLEDGEMENT (RECIPIENT)

Certification: The donor confirms that the equipment listed above is donated free of charge for charitable purposes. The recipient acknowledges that no goods or services were provided in exchange for this contribution.