

# DONATION RECEIPT

[Rehabilitation Center Name]

[Address Line 1]

[City, State, Zip]

[Tax ID / EIN]

Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

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## Donor Information:

[Name/Organization]

[Address]

[Phone/Email]

Equipment Description	Model/Serial No.	Qty	Estimated Value

## Condition of Equipment:

Authorized Signature

Total Estimated Value: \$ \_\_\_\_\_

No goods or services were provided in exchange for this contribution.  
[Center Name] is a 501(c)(3) non-profit organization. Your contribution is tax-deductible to the extent allowed by law.