

# DONATION RECEIPT

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

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DONOR INFORMATION  
RECIPIENT CHARITY

Surgical Equipment Description	Serial/Model #	Qty	Condition	Est. Fair Market Value
<b>Total Estimated Value:</b>				

**Note:** The donor did not receive any goods or services in exchange for this contribution. The valuation of the donated surgical equipment is the responsibility of the donor.

AUTHORIZED SIGNATURE (RECIPIENT)  
DATE