DONATION RECEIPT

Organization Name
Street Address
City, State, Zip
Tax ID: 00-0000000

Date: _____

Invoice #: _____

Donor Information:

Name: _____

Address: _____

Phone: _____

Notes:

_____

_____

Item Description & Condition	Qty	Est. Unit Value	Total Value

Item Description & Condition	Qty	Est. Unit Value	Total Value

Total Value: $_____

No goods or services were provided in exchange for this contribution. Please retain this document for your tax records. The organization is a qualified 501(c)(3) non-profit.

Authorized Representative Signature

Donor Signature