IN-KIND DONATION RECEIPT

RECEIPT #

DATE

DONOR INFORMATION

Name:

Address:

City/State/Zip:

Phone/Email:

ORGANIZATION INFORMATION

Organization Name:

EIN / Tax ID:

Address:

Contact Person:

Detailed Description of Donated Asset(s)	Qty	Estimated Fair Market Value
Total Estimated Value:		

METHOD OF VALUATION

Note: The organization did not provide any goods or services in whole or partial consideration for the above contribution. The valuation listed above is for the donor's records; the donor is responsible for establishing the final value for tax purposes.

Authorized Representative Signature

Donor Signature