

Donation Receipt

Name of organization: _____

Official Address: _____

EIN/Charity Identification Number: _____

Name of

Donor: _____

Receipt #: _____

Donor

Date of Donation: _____

Address: _____

Declared Value of goods: _____ **\$:** _____

Type of donation:

Clothes

Description of clothing item(s): _____

Food

Description of food item(s): _____

Vehicle

Description of vehicle: _____

Other

Description of donated item(s): _____

Authorized signatory: _____

This organization is a registered 501(c)(3) nonprofit. Your contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for this donation.

