

IN-KIND DONATION RECEIPT

Charity Name: _____

Street Address: _____

City, State, Zip: _____

Tax ID (Find on the [IRS Website](#)): _____

Date: _____

Donated By: _____

Donor Address: _____

City, State, Zip: _____

Description of Donated Item(s)	Quantity	Value (\$)

Total Value of Donated Item(s): _____ Dollars

(\$ _____)

Authorized Signature _____

Print Name _____

