

# In Kind Donation Receipt

Charity Name

City, State, ZIP Code

Address

Tax ID

## Donor Information

Date

Donor Address

Donated by

City, State, ZIP Code

[illegible]

		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____

Total value of donated item(s): \$ \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date