

Receipt for In-Kind Charitable Gift

Donor Name: _____

Donor Address: _____

Date of Donation: _____

Description of Donated Item(s):

Estimated Fair Market Value (by donor): _____

Received By (Charity Representative): _____

Organization Name: _____

Organization Address: _____

Organization Tax ID (if applicable): _____

Note: No goods or services were provided in exchange for this donation unless otherwise noted. The donor is responsible for determining the fair market value of any donated items.

.....
Authorized Signature

.....
Date