

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.

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Authorized Signature

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Date