

In Kind Donation Receipt

Organization Name: _____

Address: _____

Phone: _____ Email: _____

Date of Donation: _____

Donor Name: _____

Donor Address: _____

Donor Phone/Email: _____

Description of Items/Services Donated:

Estimated Fair Market Value (if applicable): \$ _____

Intended Use of Donation: _____

Authorized Organization Signature: _____

Date: _____

This receipt acknowledges the above-described in-kind donation received. No goods or services were provided in exchange for this donation unless noted above. Please retain this receipt for your records.

(Consult your tax advisor regarding deductibility of your donation.)