Charitable Contribution Receipt

Charity Name

Enter charity name

Charity Address

Street Address

City, State, ZIP

Phone or Email

Tax ID Number (if applicable)

Donor Name

Enter donor's full name

Donor Address

Enter donor's address

Date of Contribution

MM/DD/YYYY

Receipt Number

Optional

Description of Contribution

(e.g. cash, check, property, etc.)

Amount or Fair Market Value

$

Were any goods or services provided?

Yes / No

If yes, value of goods/services:

(If none, write 'N/A')

Details / Description (if applicable):

_____

Authorized Signature

_____

Date