

Event Donation Receipt

Nonprofit Name: _____

Nonprofit Address: _____

Nonprofit Tax ID (EIN): _____

Donor Name: _____

Donor Address: _____

Event Name: _____

Event Date: _____

Donation Date: _____

Donation Amount: _____

Donation Description: _____

Was any goods or services provided? _____

Estimated Value (if any): _____

Authorized Signature: _____

Date: _____

This receipt acknowledges your charitable contribution. No goods or services were provided in exchange for this donation unless otherwise stated above.

Please keep this receipt for your tax records.