

# In-Kind Donation Receipt

**Organization Name**

**Organization Address**

**Date of Receipt**

**Receipt Number**

**Donor Name**

**Donor Address**

**Description of Donated Items or Services**

**Estimated Value (if applicable)**

**Date of Donation**

**Additional Notes**

**Authorized Signature**

**Printed Name**

**Title**

**Date**

Donor Signature

Printed Name

Date

**Note:** This receipt acknowledges the above in-kind donation. No goods or services were provided in exchange for this contribution unless otherwise specified. Please retain this for tax purposes. Consult a tax advisor regarding deductibility.