

Charitable Donation Statement

Date: _____

Charity Information

Charity Name: _____
Charity Address: _____
Charity EIN/Registration #: _____

Donor Information

Donor Name: _____
Donor Address: _____

Donation Details

Date of Donation: _____
Donation Description: _____
Donation Amount/Value: _____
Was anything received in return? _____
Details (if applicable): _____

Authorized Signature: _____ Date: _____

Print Name: _____

No goods or services were provided in exchange for this donation unless otherwise noted above. Please retain this statement for your records.