

# Charitable Donation Receipt Form PDF

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## Charity Information

- Charity Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, ZIP: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Donor Information

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, ZIP: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Donation Information

- Date: \_\_\_\_\_
- Donation Type: \_\_\_\_\_
- Estimated Value: \$ \_\_\_\_\_

## Receipt Acknowledgment

We acknowledge receipt of your donation. Your support is essential to our mission to [insert mission/purpose].

Description	Quantity	Unit Value	Total Value
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Authorized Signature**

- **Representative Name:** \_\_\_\_\_
- **Title:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_