

Free Donation Receipt Form

Organization Details

- Organization: _____
- Address: _____
- City, State, ZIP: _____
- Phone: _____
- Email: _____

Donor Details

- Name: _____
- Address: _____
- City, State, ZIP: _____
- Phone: _____
- Email: _____

Donation Details

- Date of Donation: _____
- Type of Donation: _____
- Total Value: \$ _____

Receipt Confirmation

Thank you for your donation. This receipt acknowledges the contribution made to our organization.

Item Description	Quantity	Fair Market Value	Total Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorized Representative

- Name: _____
- Title: _____
- Signature: _____
- Date: _____