

# FOOD DONATION RECEIPT

Charity Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tax ID (Find on the [IRS Website](#)): \_\_\_\_\_

Date: \_\_\_\_\_

Donated By: \_\_\_\_\_

Donor Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

[illegible]

**Total Value of Donated Food:** \_\_\_\_\_ Dollars

(\$\_\_\_\_\_)

**Authorized Signature** \_\_\_\_\_

Print Name \_\_\_\_\_

