

DONATION RECEIPT

Date: _____

Organization Name: _____

Street Address: _____

City, State, Zip: _____

EIN: ____ - _____ (Find on the [IRS Website](#))

Donation Value

Thank you _____ [Donor's Name] for your contribution of
_____ Dollars (\$ _____) in value described as:

(check one)

- **Monetary Payment** made by check credit card cash other _____

- **Food** described in the itemized list in Exhibit A

- **Property** (in kind) described in the itemized list in Exhibit A

- **Vehicle** described in Exhibit B

Organization Type

The organization is: (check one)

- Classified as a 501(c)(3) non-profit organization by the standards of the Internal Revenue Service (IRS). Therefore, the donation may be tax-deductible to the extent allowed by law.

- Not classified as a 501(c)(3) non-profit organization by the standards of the Internal Revenue Service (IRS).

Authorized Signature _____

Representative's Name _____

Title: _____



EXHIBIT A

Description of Donation

Value

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
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_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____



EXHIBIT B

Make: _____

Model: _____

Color: _____

Year: _____

Body Style: _____

Vehicle Identification Number (VIN): _____ (17 characters)

Odometer Reading: _____ Miles

