

Donation Tax Receipt

Please complete this form and retain it with your records to assist your tax preparer in determining if your donation may qualify for a tax credit.

Date:

Donation To: *(Organization Name)*

The Donor Is: An Organization or Company

A Person

Donor Organization or Company Name:

Donor Person Name:

Address:

City:

State & ZIP Code

Phone:

Email:

Item Donation Information

Value of Donation

Please check all applicable boxes and provide a brief description.

Gift Cards: _____ \$ _____

Tickets or Passes: _____ \$ _____

Gift Items: _____ \$ _____

Other: _____ \$ _____

Attach copies of receipts, letters, and/or any other relevant information.

TOTAL \$ _____