Donation Receipt

Fill in Parent Group Name
Fill in Event Name
Fill in Event Date

Donor Information:

COMPANY NAME:		PHONE: ( ) -
ADDRESS:		
CITY:	STATE:	ZIP CODE:

Contact Information:

CONTACT NAME:	PHONE, IF DIFFERENT THAN ABOVE: ( ) -

Information Pertaining to Donations:

NAME OF ITEM(S):	DONOR'S ESTIMATED VALUE: $
DESCRIBE ADDITIONAL DETAILS OF DONATION, IF NECESSARY (RESTRICTIONS, SIZES, COLORS, ETC.):	

SIGNATURE OF DONOR:	DATE: / /

Questions? Fill in contact name, phone/email

This form, when signed below by an officer of the <XX> Parent Group, will serve as your receipt. The <XX> Parent Group is a federally recognized section 501(c)(3) tax-exempt organization. Values of donated items have been set by the donor and not verified by the <XX> Parent Group. We have not provided you with any goods or services in exchange for your donation.

PTO OFFICER SIGNATURE:	DATE: / /

EIN: Fill in parent group's EIN.