

In-Kind Donation Receipt

Donor Contact Information: (Please fill out completely – Thank You!)

Name:		Date:
Phone:	Email:	
Group/Organizatio	n:	
Address:		
City:	State:	Zip:
ITEMS BEI	NG DONATED	QUANTITY
you may wish to attach a d	ollar value to your gift. We acknown ation. The Doorways is a 501 (c)	ue to your gift. For your record-keeping purposes, vledge that no goods and services were provided in s) organization. Donations are tax deductible as