**FOOD DONATION RECEIPT**

Charity Name: Street Address:

City, State, Zip: \_ \_ Tax ID (Find on the [IRS Website](https://apps.irs.gov/app/eos/)):

Date: Donated By:

Donor Address: \_ \_ City, State, Zip: \_ \_

|  |  |  |
| --- | --- | --- |
| Description of Food Item(s) | Quantity | Value ($) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Total Value of Donated Food:** Dollars ($ \_)

**Authorized Signature** \_ Print Name

Page 1 of 1