



VOLUNTEER DONOR RECEIPT

DATE: _____ RECEIPT #: _____

NAME OF DONOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

ITEMS DONATED

VALUE

TOTAL VALUE: \$ _____

DONOR DISPOSITION REQUEST: _____

NAME OF PERSONNEL ACCEPTING DONATION: _____

SIGNATURE OF PERSONNEL: _____

PROGRAM/FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ SUNCOM: _____

COPY TO BE GIVEN TO CHD/CMS VOLUNTEER COORDINATOR UPON RECEIPT