**Sample Receipt Forms**

**Contribution Greater than $75**

**Goods or Services Returned to Donor**

This acknowledges receipt of the following described property from you as a charitable contribution made on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date):

(Describe the property given in this space.)

(Name of your PTA) has provided you with goods or services in exchange for this contribution. Our estimate of the fair market value of these gods or services is $\_\_\_\_\_. This means the net amount of your contribution, which may be a charitable contribution for federal income tax purposes, is $\_\_\_\_\_\_.

We are required by law to provide this information to you. The charitable deduction is limited to the excess, if any, of your contribution over the value of the goods or services provided to you.

Please retain this document for your records. It is important documentation necessary for any available federal income tax deduction for this contribution.

(Name of your PTA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

**Contribution of Cash**

**No Goods or Services Returned to Donor**

This acknowledges receipt of your charitable contribution made on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Name of your PTA) did not provide any goods or services in exchange for this contribution. Please retain this document for your records. It is an important document necessary for any available federal income tax deduction for this contribution.

(Name of your PTA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_