

Medical Equipment Donation Receipt

Receipt Number: _____
Date: _____

Donor Name/Organization: _____
Donor Address: _____
Contact Information: _____

Recipient Organization: _____
Recipient Address: _____

Description of Donated Medical Equipment:

Item Name	Quantity	Condition	Estimated Value

Total Estimated Value: _____
Notes/Remarks: _____

Donor's Signature

Recipient's Signature
