[Organization Name]

[Street Address]
[City, State, Zip]
[Tax ID / EIN]

Receipt #: _____

Date: _____

Donor Information:

[Donor Full Name]
[Donor Address]
[Email Address]

Description	Billing Cycle	Amount
Monthly Recurring Donation	[Month, Year]	$ 0.00

Total Contribution: $ _____

Payment Method: [Credit Card / ACH / PayPal]

Transaction ID: _____

Thank you for your continued support of our mission.

No goods or services were provided in exchange for this contribution.
[Organization Name] is a 501(c)(3) non-profit organization. Please keep this receipt for your tax records.