

ORGANIZATION NAME

123 Charity Lane
City, State, Zip Code
Phone: (555) 000-0000
Email: info@organization.org

Official Tax Receipt

Receipt #: _____
Tax ID: _____

DONOR INFORMATION

Name: _____

Address: _____

GIFT DETAILS

Date of Donation: _____

Amount/Value: \$ _____

Payment Method: _____

DESCRIPTION OF DONATION

Statement: No goods or services were provided by the organization in return for the contribution, other than intangible religious benefits, where applicable.

Authorized Signature

Thank you for your generous support. Please retain this receipt for your tax records.