

[Organization Name]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

DONATION RECEIPT

Date: _____
Receipt #: _____

Donor Information:

[Donor Name]
[Donor Address]
[City, State, Zip]
[Donor Phone/Email]

Tax ID (EIN):
[XX-XXXXXXX]

Description of Contribution	Type	Amount/Value
[Specific Project or General Fund]	[Cash/Check/Goods]	\$ _____

Total Contribution: \$ _____

Compliance Statement:

No goods or services were provided by the organization in return for the contribution, in whole or in partial consideration, for the goods and services elevated above. [Organization Name] is a 501(c)(3) non-profit organization. Your contribution is tax-deductible to the extent allowed by law.

Authorized Signature