

**[Organization Name]**  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]  
[Tax ID / EIN]

## DONATION RECEIPT

Receipt #: \_\_\_\_\_  
Date: \_\_\_\_\_

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**Donor Information:**

[Donor Name]  
[Donor Address]  
[City, State, Zip Code]

Description of Donation	Method / Type	Value/Amount
		\$

**Tax Status Disclosure:**

This organization is a qualified 501(c)(3) tax-exempt organization. No goods or services were provided by the organization in return for the contribution, in whole or in partial consideration, for the goods or services listed above.

Authorized Signature

**Total Deductible Amount: \$** \_\_\_\_\_

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Please keep this receipt for your personal tax records.