ANIMAL HOSPITAL

123 Veterinary Way
City, State, Zip
Phone: (555) 012-3456

DONATION RECEIPT

Date: _____
Receipt #: _____

DONOR INFORMATION

Name: _____
Address: _____
Email: _____

TAX STATUS

Registered Non-Profit
Tax ID: ___-_____

Description / Fund Designation	Amount
General Emergency Care Fund	$ 0.00
Shelter & Rehabilitation Services	$ 0.00
Surgical Equipment Donation	$ 0.00

Description / Fund Designation	Amount
Other: _____	$ 0.00

Subtotal: $ 0.00
Total: $ 0.00

No goods or services were provided in exchange for this contribution.

Thank you for your generous support of our animal patients.