MARINE LIFE RESCUE

123 Ocean Conservancy Way
Coastal City, ST 90210
contact@marinerescue.org

DONATION RECEIPT

Receipt #: _____
Date: _____

Donor Information:

Name: _____
Address: _____
Email: _____

Tax Status:

Registered 501(c)(3) Nonprofit
Tax ID (EIN): 00-0000000

Description / Fund Designation	Amount
General Operations & Animal Care	$ _____
Medical Supplies & Rehabilitation	$ _____
Emergency Rescue Equipment	$ _____
TOTAL CONTRIBUTION:	**$ _____**

Payment Method:
[ ] Credit Card [ ] Check (#_____) [ ] Wire Transfer [ ] Cash

Thank you for your generous support of our marine conservation efforts.

No goods or services were provided in exchange for this contribution. Please retain this document for your tax records.

Protecting Our Oceans, One Rescue at a Time.