

DONATION RECEIPT

Public Emergency Relief Fund

Receipt #: _____

Date: _____

ORGANIZATION DETAILS

Entity: _____

Tax ID: _____

Address: _____

DONOR DETAILS

Name: _____

Address: _____

Phone: _____

Description of Relief Support	Amount
Direct Emergency Relief Fund Contribution	\$ _____
Specific Disaster Allocation: _____	\$ _____
Total Contribution: \$ _____	

PAYMENT METHOD

Cash Check Credit Card Wire Transfer

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE SIGNED

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

Public Emergency Relief Fund is a registered non-profit organization. Thank you for your support.