

# [COMMUNITY CENTER NAME]

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

EIN/Tax ID: [00-0000000]

## DONATION RECEIPT

Date: \_\_\_\_\_

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

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### DONOR INFORMATION

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

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### CONTRIBUTION TYPE

- Cash / Check / Credit
- In-Kind (Goods/Services)
- Securities / Other

Description of Donation	Value/Amount
[General Donation / Event Sponsorship / Item Name]	\$0.00

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

**IRS Compliance Statement:**

[Community Center Name] is a registered 501(c)(3) non-profit organization. No goods or services were provided in exchange for this contribution, other than intangible religious or emotional benefits. Please retain this receipt for your tax records.

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Authorized Signature

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Printed Name & Title