

URBAN COMMUNITY CENTER

123 City Plaza, Metro Division
contact@urbancommunity.org
(555) 012-3456

DONATION RECEIPT

Date: _____
Receipt #: _____

Donor Information:

Name: _____
Address: _____
Email: _____

Tax Status:

501(c)(3) Non-Profit
Tax ID: XX-XXXXXXX

Description of Donation / Program	Amount
_____	\$ _____
_____	\$ _____

Total Contribution: \$ _____

Payment Method: Cash Check Credit Card In-Kind

Notes: _____

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

Thank you for supporting the growth and well-being of our urban community.