

DONATION RECEIPT

[Community Center Name]
[Street Address]
[City, State, Zip]
[Tax ID / EIN]

Receipt #: _____
Date: _____

DONOR INFORMATION

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

PROGRAM IMPACT

Program: [Youth Program Name]
Purpose: [Description of Fund Use]

Description of Contribution	Type	Amount/Value
[Item Name or Monetary Donation]	[Cash/In-Kind]	\$0.00

Subtotal: \$0.00
Total Donation: \$0.00

Thank you for your generous support of our youth community initiatives.

No goods or services were provided in exchange for this contribution. [Community Center Name] is a 501(c)(3) non-profit organization.