[Organization Name]

[Street Address]
[City, State, Zip]
EIN: [00-0000000]

DONATION RECEIPT

Date: _____
Receipt #: _____

Donor Name:

Address:

Description of Gift / Contribution	Value/Amount
TOTAL DEDUCTIBLE AMOUNT:	

Method of Payment: [ ] Cash [ ] Check (#_____) [ ] Credit Card [ ] In-Kind

No goods or services were provided in exchange for this contribution. This organization is a qualified 501(c)(3) tax-exempt organization. Please retain this receipt for your tax records.

Authorized Signature

Date