

# ?[ORGANIZATION NAME]

[Street Address]  
[City, State, Zip]  
[Tax ID / Charity Number]

## DONATION RECEIPT

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

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### Donor Information:

[Name/Company]  
[Address]  
[Email/Phone]

### Payment Method:

Credit Card  
 Check # \_\_\_\_\_  
 Cash / Wire Transfer

Description	Program/Fund	Amount
General Donation - Mental Health Advocacy	[Unrestricted / Specific Fund Name]	\$ 0.00
Commemorative Gift (In Honor/Memory of)	Scholarship Fund	\$ 0.00
Subtotal: \$ 0.00		
<b>Total Contribution: \$ 0.00</b>		

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*Thank you for supporting mental health awareness. Your generosity helps break the stigma.*

No goods or services were provided in exchange for this contribution.  
Please retain this document for your tax records.