COMMUNITY CENTER

123 Unity Drive
City, State, Zip
Tax ID: 00-0000000

CONTRIBUTION RECEIPT

Date: _____
Receipt #: _____

Donor Information:

Name: _____
Address: _____
Email: _____

Description of Contribution	Date Received	Value/Amount
_____	_____	$ _____
_____	_____	$ _____

Total Contribution: $ _____

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

Thank you for your generous support!

No goods or services were provided in exchange for this contribution. The Community Center is a 501(c)(3) non-profit organization. Your donation is tax-deductible to the extent allowed by law.

Authorized Signature: _____