[Health Charity Name]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

OFFICIAL RECEIPT

Receipt #: [0000]
Date: [MM/DD/YYYY]

Donor Information:
[Donor Name]
[Donor Address]
[Donor Email]
EIN/Tax ID:
[00-0000000]

Description of Contribution	Method	Amount
Charitable Donation: [Program Name/General Fund]	[Cash/Check/Credit]	$0.00

Total Contribution: $0.00

No goods or services were provided in exchange for this contribution. [Health Charity Name] is a 501(c)(3) nonprofit organization. Your contribution is tax-deductible to the extent allowed by law.

_____
Authorized Signature