[ORGANIZATION NAME]

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

DONATION RECEIPT

Date: _____
Receipt #: _____

DONOR INFORMATION

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

CONTRIBUTION DETAILS

Payment Method: _____
Campaign: Humanitarian Aid Relief

Description of Contribution	Amount/Value
[Humanitarian Program/Fund Name]	$ 0.00
[Additional Item or Service]	$ 0.00

Subtotal: $ 0.00

Total Contribution: $ 0.00

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

Thank you for your generous support of our humanitarian missions.