[RELIGIOUS ORGANIZATION NAME]

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

CONTRIBUTION RECEIPT

Date: _____
Receipt #: _____

Donor Information:

_____
_____
_____

Tax Identification:

EIN / Tax ID: _____

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

Total Contribution: $ _____

Note: *No goods or services were provided in exchange for this contribution, other than intangible religious benefits. [Religious Organization Name] is a qualified 501(c)(3) non-profit organization. Please retain this receipt for your tax records.*

Authorized Signature