[ORGANIZATION NAME]

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

Federal Tax ID (EIN): [00-0000000]

DONATION RECEIPT

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

DONOR INFORMATION

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

PAYMENT METHOD

[Cash / Check # / Credit Card / In-Kind]
Transaction ID: [Reference #]

Description of Contribution	Amount/Value
[Charitable Donation / Event Sponsorship / Program Support]	$0.00
[Additional Line Item Description]	$0.00

Total Tax-Deductible Amount: $0.00

Disclosure: [Organization Name] is a 501(c)(3) non-profit organization. No goods or services were provided in exchange for this contribution. Therefore, the full amount of your contribution is deductible for federal income tax purposes to the extent allowed by law. Please retain this receipt for your records.

Authorized Signature

Date