CONTRIBUTION RECEIPT
Organization: _____ **Tax ID (EIN):** _____ **Address:** _____

Date: _____ **Receipt #:** _____

Donor Information:
Name: _____
Address: _____
City, State, Zip: _____

Description of Youth Program Support	Amount
General Donation / Program Scholarship	$ _____
Equipment / Material Contribution	$ _____
Other: _____	$ _____

TOTAL CONTRIBUTION: $ _____

Thank you for your generous support of our youth development initiatives.

No goods or services were provided in exchange for this contribution.
This organization is a qualified 501(c)(3) non-profit organization.

Authorized Signature: _____