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## HONORARIUM RECEIPT

Receipt No: \_\_\_\_\_

Date: \_\_\_\_\_

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### CONTRIBUTOR INFORMATION

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### TRIBUTE DETAILS

Type of Tribute:

☐ In Honor of  
☐ In Memory of

Honoree Name: \_\_\_\_\_

Send Notification To: \_\_\_\_\_

Notification Address: \_\_\_\_\_

### CONTRIBUTION DETAILS

Contribution Amount: \_\_\_\_\_

Payment Method:

☐ Cash  
☐ Check  
☐ Card

Reference/Check No: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Print Name & Title

Thank you for your generous contribution. This organization is a registered 501(c)(3) non-profit entity. No goods or services were provided in exchange for this contribution. Tax Identification Number: -----