DONATION RECEIPT

RECEIPT NO: _____

DATE: _____

DONOR INFORMATION

Donor Name: _____

Address: _____

Email: _____ Phone: _____

CONTRIBUTION DETAILS

Contribution Amount: _____ Payment Method: _____

Date of Contribution: _____

MEMORIAL HONOREE

In Memory of: _____

Send Bereavement Notice To: _____

Relationship to Honoree: _____ Mailing Address: _____

Thank you for your generous contribution. This gift has been established as a meaningful tribute to honor the memory and legacy of the beloved individual mentioned above. Families are comforted by knowing that friends and loved ones are keeping them in their thoughts during this time.

_____

AUTHORIZED SIGNATURE

_____

TITLE

No goods or services were provided in exchange for this contribution other than the intangible religious or memorial benefits.

Please retain this receipt for your tax records.