

DONATION RECEIPT

Receipt No: _____

Date: _____

DONOR INFORMATION

Donor Name: _____

Address: _____

Email: _____ Phone: _____

EVENT & DONATION DETAILS

Event Name: _____

Method of Contribution:

- Cash
- Check
- Credit Card
- In-Kind (Describe below)

Description of Donation / Items Contributed	Value / Amount

Total Contribution Value: _____

Thank you for your generous contribution. The school is a registered non-profit organization. No goods or services were provided in exchange for this contribution other than intangible religious or school benefits. Please retain this receipt for your tax records.

Tax ID/ EIN: _____

Authorized Representative Signature

Printed Name & Title