



Organization Name: _____

Address: _____

EIN/Tax ID: _____

ANNUAL FUND CONTRIBUTION RECEIPT

Receipt Number: _____

Date Issued: _____

Tax Year: _____

DONOR INFORMATION

Donor Name: _____

Company: _____

Address: _____

Email/Phone: _____

DATE	CAMPAIGN / FUND DESIGNATION	PAYMENT METHOD	AMOUNT

Total Contribution: _____

Value of Goods/Services Provided: _____

Tax-Deductible Amount: _____

Thank you for your generous support of our Yearly Giving Campaign. No goods or services were provided in exchange for this contribution other than those of insubstantial value, or the benefits provided consist solely of intangible religious benefits. Please retain this receipt for your income tax records.

Authorized Representative Signature

Date