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_____

Tax ID / EIN: _____

DONATION RECEIPT

Receipt No: _____

Date: _____

Donor Name: _____

Address: _____

_____

DESCRIPTION	PAYMENT METHOD	AMOUNT
Charitable Contribution	_____	$ _____

Amount in Words: _____

> Thank you for your generous support. This organization is a registered _____ entity. No goods or services were provided in exchange for this contribution other than intangible religious or aesthetic benefits. Please retain this receipt for your tax records.

_____

AUTHORIZED REPRESENTATIVE SIGNATURE

_____

TITLE