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OFFICIAL DONATION RECEIPT

Receipt Number: _____
Date Issued: _____
Date Received: _____

Capital Campaign Initiative: _____

DONOR INFORMATION

Donor Name: _____

Address: _____

City, State, Zip: _____

Email / Phone: _____

CONTRIBUTION DETAILS

Description / Method of Payment	Total Amount Received	Value of Advantage Provided
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_____	_____	_____
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Eligible Amount of Gift for Tax Purposes: _____

This official receipt is issued for income tax purposes. Please retain this document for your records.

Charity/EN Number: _____

Authorized Location: _____

Authorized Signature