
CAPITAL CAMPAIGN RECEIPT

Receipt No: _____

Date: _____

DONOR INFORMATION

Donor Name:

Address:

City, State, Zip:

Phone/Email:

CAMPAIGN DETAILS

Capital Campaign Initiative:

Pledge Reference (if applicable):

CONTRIBUTION DESCRIPTION	PAYMENT METHOD	AMOUNT RECEIVED
_____	_____	_____
_____	_____	_____

Total Tax-Deductible Contribution: _____

Thank you for your generous support of our Capital Campaign. Your contribution is critical to helping us reach our goals and secure our future.

Please retain this receipt for your tax records. No goods or services were provided in exchange for this contribution other than intangible religious or charitable benefits.

Authorized Signature

Printed Name & Title

