

COMMEMORATIVE DONATION RECEIPT

Receipt

Number: _____

Date: _____

DONOR INFORMATION

Donor Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

TRIBUTE & COMMEMORATION

This gift is made:

☐

In Memory of

☐

In Honor of

Honoree Name: _____

Please send notification of this gift to:

Recipient Name: _____

Address: _____

CONTRIBUTION DETAILS

DESCRIPTION	AMOUNT
Charitable Contribution (Tribute Donation)	

Total Tax-Deductible Amount: _____

Payment Method:

☐

Cash

☐

Check (No. _____)

☐

Credit Card

☐

Other

AUTHORIZED SIGNATURE

Thank you for your meaningful support.

No goods or services were provided in exchange for this contribution other than intangible religious or memorial benefits.

Tax ID/ EIN: _____