

Organization:

.....

Address:

.....

City, State, ZIP:

.....

EIN / Tax ID:

.....

DISASTER RELIEF CONTRIBUTION RECEIPT

Receipt No:

.....

Date Issued:

.....

DONOR INFORMATION

Donor Name:

.....

Address:

.....

City, State, ZIP:

.....

Phone/Email:

.....

CONTRIBUTION DETAILS

Date of Contribution:

.....

Payment Method:

.....

Check / Ref No:

.....

Disaster Relief Fund:

.....

Description of Contribution	Type	Value / Amount (\$)
Total Contribution Value:		

Thank you for your generous contribution to support our disaster relief efforts. Please keep this receipt for your tax records. The organization is a registered 501(c)(3) charitable organization. No goods or services were provided in exchange for this contribution other than intangible religious or humanitarian benefits, or the contribution consists entirely of personal property and its value is listed as estimated by the donor.

Authorized Representative:

Title:

Signature:

Date:
