MEMORIAL DONATION RECEIPT

In Loving Memory

Receipt No:

Date:

Organization:

Tax ID / EIN:

Donor Name:

Address:

In Memory of (Deceased):

Contribution Description	Payment Method	Amount Received

> *Thank you for your generous contribution. This receipt confirms that the organization named above is a registered 501(c)(3) non-profit organization. No goods or services were provided in exchange for this contribution other than the intangible religious or memorial benefits. Please retain this receipt for your tax records.*

Authorized Signature
Representative

Date Signed
Verification Date