



CHARITABLE CONTRIBUTION RECEIPT

Receipt No: _____ **Date:** _____
Tax ID (EIN): _____ **Hebrew Date:** _____

Donor Name: _____
Address: _____
City, State, Zip: _____ **Phone:** _____

DATE RECEIVED	CONTRIBUTION DESCRIPTION / FUND DESIGNATION	METHOD	AMOUNT
Total Contribution Value:			

Thank you for your generous and vital support. This organization is a registered 501(c)(3) tax-exempt religious institution. No goods or services of commercial value were provided to the donor in exchange for this contribution other than intangible religious benefits. Please retain this receipt for your tax records.

Authorized Signature

Title / Office