
DONATION RECEIPT

Receipt No: _____

Date: _____

Federal EIN: _____

DONOR INFORMATION

Donor Name:

Address:

City, ST, ZIP:

Phone:

Email:

CONTRIBUTION DETAILS

Description of Contribution	Type (Cash, Check, Card, Goods)	Value / Amount
Total Tax-Deductible Contribution:		

Thank you for your generous contribution. No goods or services were provided in exchange for this contribution other than intangible religious benefits, and the entire amount is tax-deductible to the full extent of the law. Please retain this receipt for your tax records.

Authorized Representative Signature

Representative Title / Date