

**ENDOWMENT CONTRIBUTION
RECEIPT**

Receipt Number: _____
Date of Issue: _____
Tax Year: _____

DONOR INFORMATION

Donor Name: _____

Address: _____

Donor ID / Ref: _____

CONTRIBUTION DETAILS

| Date | Endowment Fund Name / Purpose | Payment Method | Amount |
|------|-------------------------------|----------------|--------|
| | | | |
| | | | |
| | | | |

**Total
Contributions:** _____

Thank you for your generous support of our long-term mission and programs through your endowment contribution. The organization confirms that no goods or services were provided in exchange for this contribution, other than intangible religious or charitable benefits. Please retain this receipt for your tax records.

Authorized Representative Signature
