DONATION RECEIPT

Disaster Relief Fund

Receipt Number: _____ **Date:** _____

Donor Information

Donor Name: _____

Address: _____

Email Address: _____ **Phone Number:** _____

Donation Details

Contribution Description / Disaster Relief Initiative	Payment Method	Contribution Amount
	Total Contribution Value:	

Thank you for your generous contribution to the Post-Disaster Relief efforts. No goods or services were provided in exchange for this contribution other than those specified above. Please retain this receipt for your tax records.

Tax-Exempt Status / Registration Number: _____

_____

Authorized Representative Signature

_____

Date