DONATION RECEIPT

Receipt No:

Date:

DONOR INFORMATION

Donor Name:

Address:

City, State, Zip:

Phone:

Email:

DONATION CONTRIBUTION DETAILS

Disaster Relief Campaign / Fund:

Payment Method:

Description of Contribution (Cash / Goods / Services)	Type (In-Kind / Cash)	Value / Amount ($)
	Total Contribution Value:	

Thank you for your generous support. This organization is a registered 501(c)(3) non-profit entity. No goods or services were provided in exchange for this contribution other than those specified above. Please retain this receipt for your tax records.

Authorized Representative Signature

Date: _____

Donor Signature (for In-Kind acknowledgement)

Date: _____