# DONATION RECEIPT

**Receipt Number:**
**Date Issued:**
**Tax Exempt ID / EIN:**

## DONOR INFORMATION

**Donor Name:**

**Address:**

**Phone:**

**Email:**

## PAYMENT DETAILS

**Date of Gift:**

**Payment Method:**

**Reference / Check No:**

## CONTRIBUTION DETAILS

| Description | Total Received Amount |
|---|---|
| | |
| **Value of Goods/Services Provided in Exchange:** | |
| **Tax-Deductible Contribution Amount:** | |

**Amount in Words:**

**Authorized Representative Signature**

**Date**

*Thank you for your generous, one-time contribution. No goods or services were provided in exchange for this contribution other than those specified above. Please retain this receipt for your tax records.*