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\_\_\_\_\_  
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EIN/Tax ID: \_\_\_\_\_

## PLEDGE PAYMENT RECEIPT

Receipt Number: \_\_\_\_\_

Date: \_\_\_\_\_

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### DONOR INFORMATION

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

### CAMPAIGN DETAILS

Capital Campaign: \_\_\_\_\_

Pledge Date: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Reference/Check #: \_\_\_\_\_

### FINANCIAL SUMMARY

DESCRIPTION	AMOUNT
Total Pledge Amount	\$ _____
Prior Payments Received	\$ _____
<b>Current Payment Amount</b>	\$ _____
Total Paid to Date (Cumulative)	\$ _____
<b>Remaining Pledge Balance</b>	\$ _____

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Thank you for your generous support of our Capital Campaign. Please retain this receipt for your tax records. No goods or services were provided in exchange for this contribution other than intangible religious or charitable benefits.

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**Prepared/Received By**

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**Authorized Signature**