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Tax ID / EIN:

DONATION RECEIPT

Receipt No: _____

Date: _____

DONOR INFORMATION

Donor Name: _____

Address: _____

DONATION DETAILS

Amount Received (\$): _____

Payment Method:

Cash

Amount in Words: _____

Thank you for your generous contribution. No goods or services were provided in exchange for this contribution other than intangible religious benefits, and the organization is qualified as a tax-exempt entity. Please retain this receipt for your tax records.

Authorized Representative Signature

Representative Name & Title (Printed)