

DONATION RECEIPT

Receipt No: _____

Date: _____

DONOR INFORMATION

Donor Name:

Address:

City, ST Zip:

Email:

PAYMENT DETAILS

Payment Date:

Payment Method:

Reference No:

CONTRIBUTION DESCRIPTION	DESIGNATION	AMOUNT
	Annual Fund	

**Total Eligible Tax
Deduction:**

Thank you for your generous contribution to the Annual Fund. No goods or services were provided in exchange for this contribution other than intangible religious or charitable benefits. Please retain this receipt for your tax records.

AUTHORIZED REPRESENTATIVE