

INSTITUTIONAL ENDOWMENT GIFT RECEIPT

Receipt No: _____ **Date:** _____
Fiscal Year: _____ **Fund ID:** _____

DONOR INFORMATION

Donor Name:

Joint Donor (if applicable):

Address:

City, State, Zip:

ENDOWMENT CONTRIBUTION DETAILS

Gift Amount (\$):

Date Received:

Payment Method:

Reference/Check No:

Endowment Fund Name:

Specific Restriction / Designation Notes:

Thank you for your generous contribution to the endowment fund. This receipt confirms that the institution has not provided any goods or services, in whole or in part, to the donor in exchange for this contribution. The full amount of this contribution is eligible for a charitable tax deduction to the extent allowed by law. Please retain this document for your official tax records.

Authorized Representative Signature

Date Signed

