

# DONATION RECEIPT

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**Receipt No:**

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

**Received From:**

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

<p><b>Amount (Numeric):</b> \$ _____</p> <p><b>Amount (In Words):</b> _____</p> <p><b>Method of Payment:</b> <input checked="" type="checkbox"/> Cash</p>
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**Designated Benefit / Fund:**

\_\_\_\_\_

*Thank you for your generous contribution. No goods or services were provided in exchange for this contribution other than those of intangible religious or charitable benefits.*

\_\_\_\_\_  
**AUTHORIZED REPRESENTATIVE SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME & TITLE**