

DONATION RECEIPT

Annual Giving Program

Receipt Number: _____

Date Issued: _____

DONOR INFORMATION

Donor Name: _____

Address: _____

Email/Phone: _____

CONTRIBUTION DETAILS

Date Received	Description / Fund Designation	Payment Method	Amount
---------------	--------------------------------	----------------	--------

Total: _____

Thank you for your generous support of our Annual Giving Program. 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 SIGNATURE

TITLE / ROLE