DONATION RECEIPT

Receipt # _____

Donation Receipt

ORGANIZATION NAME, ADDRESS AND CONTACT

ORGANIZATION TAX ID / REGISTRATION NUMBER

DONOR NAME AND ADDRESS

DATE OF DONATION

PAYMENT METHOD

CASH GIFT AMOUNT

DONATED ITEM DESCRIPTION (NON-CASH)

☐ No goods or services were provided in return for this contribution.

☐ The following goods or services were provided in return (description and good-faith estimate of value):

Authorized signature

Date