**DONATION RECEIPT #**

Date Received:

|  |  |  |  |
| --- | --- | --- | --- |
| Donor’s Details |  | Organization’s Details |  |
| [Name] |  | [Name] |  |
| [Address] |  | [Address] |  |
| [City, State, Zip Code] |  | [City, State, Zip Code] |  |
| [Phone] |  | [Phone] |  |
|  |  |  |  |

Dear

We have gratefully received your generous contribution and we would like to thank you for your gift.

The amount you have donated will make a difference.

|  |  |
| --- | --- |
| **Description** | **Amount Donated** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |
| --- |
| Payment Method |
| [ ] Cash |
| [ ] Credit Card |
| [ ] Check Number |