

Donor Contribution Receipt

Receipt No.: _____
Date Issued: _____
Organization Name: _____
Address: _____

Donor Information

Donor Name: _____
Address: _____
Email/Phone: _____

Contribution Details

Date	Description	Amount/Value	Type
_____	_____	_____	Cash/Check/Other

Total Amount Received: _____
Purpose (if specified): _____
Received by: _____

This receipt acknowledges the contribution received above. No goods or services were provided in exchange for this contribution unless otherwise stated. Please retain this receipt for your records.

Authorized Signature: _____ Date: _____