

# 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: \_\_\_\_\_