

[Religious Organization Name]

[Address Line 1]

[Address Line 2]

[City, State ZIP]

Phone: [Phone Number] | Email: [Email Address]

Donation Receipt

Date: _____
Receipt No.: _____

Donor Information

Name: _____

Phone: _____

Address: _____

Donation Details

Amount:
\$ _____
Type (Cash/Check/Other): _____

Purpose/Designation: _____

Date Received: _____

Receipt Issued By: _____

*This is to acknowledge receipt of the donation described above. No goods or services, other than intangible religious benefits, were provided in exchange for this donation.
Please retain this receipt for your tax records.*

Authorized Signature

Date