

[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