

# Donation Acknowledgment Receipt

Date: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Donor Address: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

Donation Date: \_\_\_\_\_

Donation Description (if applicable): \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Tax Identification Number (if applicable): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Name & Title: \_\_\_\_\_

*No goods or services were provided in exchange for this donation.*