

# Cash Donation Receipt

Receipt No.: \_\_\_\_\_

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

## Donor Information

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

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

Phone/Email: \_\_\_\_\_

## Donation Details

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

Purpose: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Received By (Organization): \_\_\_\_\_

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

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

\_\_\_\_\_  
Date