

# Charitable Donation Receipt

[Charity Name]  
[Charity Address Line 1]  
[Charity Address Line 2]  
[Charity Registration Number]

Donor Name: \_\_\_\_\_  
Donor Address: \_\_\_\_\_  
Date of Donation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Description of Donation	Amount	Payment Method
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	

Purpose of Donation: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_

**Declaration:**  
This receipt acknowledges that the above donation was received for charitable purposes. No goods or services were provided in exchange for this donation unless otherwise stated.

Authorized Signature: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_