

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: ____ / ____ / ____