

Tax-Deductible Donation Statement

Donor Information:

Name: _____

Address: _____

City, State, ZIP: _____

Email: _____

Organization Information:

Organization Name: _____

EIN / Tax ID: _____

Address: _____

City, State, ZIP: _____

Donation Details:

| Date | Description | Amount (USD) |
|------|-------------|--------------|
| | | |
| | | |
| | | |

Total Donation: \$ _____

Declaration:

No goods or services were provided in exchange for these contributions other than intangible religious benefits, if any. Please retain this statement for your tax records.

Authorized Organization Signature

Date