

Donation Receipt Form

Organization Name: [Your Organization Name]

Tax ID Number (EIN): 12-3456789

Date of Donation: _____

Receipt Number: _____

Donor Information

Name: _____

Address: _____

Email: _____

Phone: _____

Donation Details

Donation Amount: \$ _____

Donation Type: Cash Check Credit Card

In-kind (describe below)

Description (if in-kind): _____

Received By: _____

Title: _____

Signature: _____

Date: _____

This receipt acknowledges that no goods or services were provided in exchange for this donation, except as permitted by law.