DONATION RECEIPT

Receipt no. _____
Date issued _____

Received from _____

DATE RECEIVED	DESCRIPTION	AMOUNT
	Total	_____

GOODS OR SERVICES PROVIDED

No goods or services were provided in exchange for these contributions.

_____ is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code.

Please keep this receipt for your tax records. Thank you for your generous support.

_____

Authorized signature