



# DONATION RECEIPT

Tax ID: 83-2705907

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Date of Donation: \_\_\_\_\_

Name of Donor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Donation in the Amount of: \$ \_\_\_\_\_

In Kind Donation(s): \_\_\_\_\_

Donation Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_