

Charitable Donation Receipt

Receipt Date: _____
Receipt Number: _____

Donor Information

Name: _____
Address: _____

Charity Information

Charity Name: _____
Charity Address: _____
Charity Registration Number: _____

Donation Details

Date of Donation: _____
Amount Donated: _____
Description (if non-cash): _____

Note: No goods or services were provided in exchange for this donation, except as permitted by law.
Please retain this receipt for your tax records.

Authorized Signature