

# 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.

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Authorized Signature