

Religious Institution Donation Receipt

[Institution Logo or Name]

[Institution Address]

[Contact Number] | [Email]

Receipt Details

Receipt Number: [123456]

Date of Donation: [Date]

Donor Name: [Donor Full Name]

Donor Address: [Address]

Donation Amount: [Amount in Words] ([Amount in Numbers])

Mode of Payment: [Cash/Cheque/Online/Other]

Purpose/Notes: [Purpose or any additional info]

Authorized Signature

Donor Signature

This receipt acknowledges the above donation made to [Institution Name], a registered religious institution. Please retain this document for your records.