

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.