

Charitable Contribution Receipt

Donor Information

Name: _____
Email: _____
Address: _____

Charity Information

Organization: _____
Tax ID (EIN): _____
Address: _____

Contribution Details

Date	Contribution Amount	Payment Method	Frequency	Receipt No.
YYYY-MM-DD	\$ _____	_____	Monthly/Quarterly/etc.	_____

Total Year-to-Date: \$ _____

This receipt acknowledges that no goods or services were provided in exchange for these contributions other than intangible religious benefits (if any). Please retain this document for your records.

Authorized Representative: _____
Date: _____