



DOING THE  
MOST GOOD™

## DONATION RECEIPT

Receipt No. \_\_\_\_\_

Tax ID Number (EIN): \_\_\_\_-\_\_\_\_\_

Donated By: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donation Date: \_\_\_\_\_

Donation Value: \$ \_\_\_\_\_

Donation Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Representative Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Thank you for your generosity. We appreciate your support!

