## Your Business Name

Street address

City, State ZIP

Email · Phone

# DONATION RECEIPT

Receipt #: _____

Date: _____

**DONOR**

Name _____

Address _____

Email / Phone _____

| Description | Qty | Price | Amount |
|---|---|---|---|
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| | |
|---|---|
| Subtotal | |
| Tax | |
| **Total** | |
| Amount paid | |
| Balance due | |

**Notes:** No goods or services were provided in exchange for this contribution. [Organization] is a 501(c)(3) tax-exempt organization. EIN: [00-0000000].

Payment method: [cash / check / transfer]

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