

Donation Receipt

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Organization name _____

Organization address _____

EIN / Tax ID _____

501(c)(3) status (this organization is a registered 501(c)(3))

Receipt # _____

Date of donation _____

Donor name _____

Donor address _____

Description of donation	Amount / FMV

Statement: No goods or services were provided in exchange for this donation.
(Or describe goods/services provided and their fair-market value.)

Authorized signature: _____