

DONATION RECEIPT

Receipt No. _____

Tax ID Number (EIN): _____ - _____

Donated By: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Donation Date: _____

Donation Value: \$ _____

Donation Description: _____

I, the undersigned representative, declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that there were no goods or services provided as part of this donation. Furthermore, as of the date of this receipt the above-mentioned organization is a current and valid 501(c)(3) non-profit organization in accordance with the standards and regulations of the Internal Revenue Service (IRS).

Representative Signature: _____

Print Name: _____