RECEIPT NO:

DATE:

**DONATION RECEIPT**

|  |  |  |
| --- | --- | --- |
| Your Organization Name |  | Individual or Company Name |
| 123 Main Street |  | 456 Main Street |
| Hamilton, OH 44416 |  | Hamilton, OH 44416 |
| (321) 456-7890 | Email Address |  | (321) 789-4560 | Email Address |
|  |
|  |
| DESCRIPTION | QTY | UNIT VALUE | TOTAL VALUE |
|   |   |   | 0.00 |
|   |   |   | 0.00 |
|   |   |   | 0.00 |
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|   |   |   | 0.00 |
|  | TOTAL |  |
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|  |  |  |  | **DONATION RECEIPT** |  |  |
|  |  |
|  |  |  |
| 456 Main Street |  | DATE |   |
| Hamilton, OH 44416 |  | RECEIPT NO. |   |
| (321) 789-4560 | Email Address |  | AMOUNT  |   |