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 |
|  | | | | | |  |  | 0.00 |
|  | | | | | |  |  | 0.00 |
|  | | | | | |  |  | 0.00 |
|  | | | | | |  |  | 0.00 |
|  | | | | | |  |  | 0.00 |
|  | | | | | |  |  | 0.00 |
|  | | | | | | | TOTAL |  |
|  | | | | | | | | |
|  | | | | | | | | |
|  | |  |  | |  | **DONATION RECEIPT** |  |  |
|  |  | | |
|  | | | | |  |  | | |
| 456 Main Street | | | | |  | DATE |  | |
| Hamilton, OH 44416 | | | | |  | RECEIPT NO. |  | |
| (321) 789-4560 | | Email Address | | |  | AMOUNT |  | |