|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Donation Receipt from [Organization Name] | | | | |
|  |  |  |  | |
| Questions? Contact the [name of organization] at [phone number]. | | | | |
|  |  |  |  | |
|  | **Donor name** |  | |  |
|  | **Address** |  | |  |
|  | **City** |  | |  |
|  | **State/Province** |  | |  |
|  | **Postal code** |  | |  |
|  | **Phone** |  | |  |
|  | **Total pledge amount** |  | |  |
|  |  |  | |  |
|  | **Type of donation** | [cash, merchandise, service] | |  |
|  | **Description** | [details of merchandise or service] | |  |
|  | **Value** | [value of merchandise or service] | |  |
|  |  |  |  | |
| *Thank you for your generous support!* | | | | |
|  |  |  |  | |