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| Donation Receipt FORM  |
|   |   |   |   |
| NAME OF ORGANIZATION |
|   |   |   |   |
|   | **Donor name** |   |   |
|   | **Address** |   |   |
|   | **City** |   |   |
|   | **State/Province** |   |   |
|   | **Postal code** |   |   |
|   | **Phone** |   |   |
|   | **Total pledge amount** |   |   |
|   |  |  |   |
|   | **Type of donation** |  |   |
|   | **Description**  |  |   |
|   | **Value**  |  |   |
|   |   |   |   |
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|  |  |  |   |