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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** |  |  |
|  |  |  |  |
|  | | | |
|  |  |  |  |