|  |
| --- |
| 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!* |
|  |  |  |   |