



Donation Receipt



Date (month/day/year): _____/_____/_____

Name (print): _____

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Gift Detail		
<input type="checkbox"/> Cash/Check	\$ _____	Check # _____
<input type="checkbox"/> Pledge	\$ _____	
<input type="checkbox"/> Credit Card	\$ _____	CC #: _____
	Exp. Date: _____	CSV: _____
<input type="checkbox"/> In-kind Description: _____		
<input type="checkbox"/> Hours donated for this project: _____ (Volunteer Services)		

Designation

Donor requests the gift be designated to the following fund/area:

Memorial Gifts

In memory of: _____

In honor of: _____

Notify: _____ Relationship: _____

Address: _____

Donor Signature: _____

Employee Signature: _____