#  Donation Receipt

## From

**Dr. Mongi Karton’s Orphan Charity Foundation**

Any Questions? Contact the [name of organization] at [phone number].

|  |  |
| --- | --- |
| **Donor name** | Mr. Adam Smith Karton |
| **Address** | H-106 Tech Town |
| **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