**Donation Receipt**

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lic. No. (If applicable): \_\_\_\_\_\_\_\_\_\_\_**

Your Address 1 Your City, State ZIP

Your Name (Company Name) Contact number,

Mobile#

 **Donor:**

**Date:** July 15, 2019

**Receipt#:** INV1052

Description

Total Amount Received

Received By

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THANK you for your generosity