

**Thank you from:** *Your organizations name here*

Donor Name: \_\_\_\_\_

**Amount PAID:** \_\_\_\_\_ Payment method: \_\_\_\_\_

Payment received by: \_\_\_\_\_

**IMPORTANT: Keep this original.** Copies will *not* be accepted

### DONOR RECEIPT

Date: \_\_\_\_\_

Qty: \_\_\_\_\_

Item: \_\_\_\_\_

Notes: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Portion

Donor: \_\_\_\_\_

**Amount COLLECTED:** \_\_\_\_\_ Payment method: \_\_\_\_\_

Qty: \_\_\_\_\_ Seller: \_\_\_\_\_

Item: \_\_\_\_\_ Notes: \_\_\_\_\_

Vendor: **SMART FUND RAISING**  
www.USArise.org

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