**Name of organization**

*Address*

*Charity BN/Registration number*

**Receipt #:** 1234567 (Unique serial number)

**Location:** (City/area)

**Donated by:** (Enter first and last name)

**Address:** (Enter address)

**Date of donation:** (Enter date or year)

**Donated via:** Wire Transfer/Cheque/Online payment

**Donation amount:** (Enter amount in words). $: (Numbers)

**Authorized signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of authorised signatory)

(Designation)