

PAYROLL DEDUCTION DONATION RECEIPT

Donor

Name

Address

City, State, Zip

Charitable Organization

Name

Address

City, State, Zip

Tax ID Number

Donation

Donor pledges to donate \$ _____

☐ Per pay period.

-OR-

☐ Other:

Goods or Services Disclosure

☐ The Charitable Organization does not provide goods or services in whole or partial consideration for this donation -OR- ☐ The Charitable Organization provides goods or services in whole or partial consideration for this donation that consist solely of intangible religious benefits.

-OR-

☐ The Charitable Organization has provided the following goods or services in whole or partial consideration for this donation: (provide a description and good faith estimate of value)

Estimated Value: \$ _____

Authorized Signature

Print Name

Date