

This statement is your receipt for your tax-deductible gift.

*Thank you!*

Month DD, YYYY

**(NOTE: this receipt package should be printed on 8 ½ x 14 paper. If you do not have 8 ½ x 14 letterhead, insert your logo at the top of the page.)**

My Next Gift to Help A BENEFICIARY/CAUSE!

GIFT RECORD

I’d like to make an even bigger difference! Enclosed is my additional gift to OUTCOME YOUR ORG CREATES and support all the work of YOUR ORGANIZATION.

❑ $<AMOUNT>

❑ $ \_\_\_\_\_\_\_\_\_ to help as much as possible

I am giving 🞎 by check 🞎 by credit card *(please complete information on back of card) Your Address ~ Your City, State ~ Your Zip*

Mail Name Please make your check payable to YOUR ORGANIZATION

Donor Address and return your form with your tax-deductible gift in the envelope

City, State ZIP provided. Thank you!

Thank you for making a real difference for BENEFICIARIES/THE CAUSE!

Amount: $<AMOUNT> Date of gift: <DATE>

DONOR MAIL NAME
ADDRESS

CITY, STATE ZIP

Your gift to ORGANIZATION NAME is tax-deductible as allowed by law. No substantial goods or services were provided by the organization in return for this gift. Keep this receipt for your records. Tax ID# XX-XXXXXXX

Dear FirstName,

 You are incredibly generous.

I’m writing to say “thank you” for making a gift of $<AMOUNT>. You’re someone who cares about THE BENEFICIARIES/THE CAUSE– and is willing to do something about it!

Your gift will REPEAT THE SOLUTION FROM THE PIECE OF FUNDRAISING THAT PROMPTED THE GIFT. Your generosity is going to make a meaningful difference.

But you need to know your gift will do so much more than just REPEAT THE SOLUTION FROM THE PIECE OF FUNDRAISING THAT PROMPTED THE GIFT. You are doing a world of good by …

… ANOTHER OUTCOME YOUR ORGANIZATION CREATES.

… ANOTHER OUTCOME YOUR ORGANIZATION CREATES.

What a powerful gift you’ve given. I am humbled by your generosity and honored you chose to give to ORGANIZATION NAME.

Gratefully,

 SIGNATURE

NAME OF SIGNER

TITLE

PS – Thank you again for you gift. I look forward to telling you how your gift helps a BENEFICIARY/THE CAUSE!

Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Email for receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**This gift is a:**

❑ One-time gift.

❑ Monthly gift. Please charge my card each month on the [ ] 5th or [ ] 20th of the month.

Give securely online at: **www.YourWebsite.org/donate**

My Next Gift to Help A BENEFICIARY/CAUSE!

**GIVING BY CREDIT CARD:**