**Donor Information/Receipt**

**Donor Information**

**Donor’s Name:** Enter Donor’s Name

**Donor’s Address:** Enter Donor’s Address

**Donation Information**

Thank you for your donation with a value of Insert Donation Value Dollars ($###), made to the below mentioned 501(c)(3) Non-Profit Organization.

Donation Description: Enter Description

I, the undersigned representative, declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that there were no goods or services provided as part of this donation. Furthermore, as of the date of this receipt the below mentioned organization is a current and valid 501(c)(3) non-profit organization in accordance with the standards and regulations of the Internal Revenue Service (IRS).

**Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Representative's Name:** Enter Your Name

**Title:** Enter Your Title

**Date:**  Click or tap to enter a date.

**501(c)(3) Organization Donation Receipt**

**Date:** Click or tap to enter a date.

**Name of Non-Profit Organization: Last Resort Players**

**Mailing Address: PO Box 2104 Florence, OR 97439**

**EIN: 93-1204006**