

# Donation Receipt

**Nonprofit Name:** Hopeful Hearts Foundation  
**Nonprofit Address:** 456 Community Ave, Cityville, State, 12345  
**Tax ID (EIN):** 12-3456789  
**Contact Email:** info@hopefulhearts.org  
**Contact Phone:** (123) 456-7890

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## Donor Information

**Donor Name:** Jane Doe  
**Donor Address:** 789 Donor Lane, Townsville, State, 67890  
**Donor Email:** jane.doe@email.com

## Event Details

**Event Name:** Annual Spring Gala  
**Event Date:** March 24, 2024  
**Event Location:** Grand Hall, Cityville Conference Center

## Donation Information

**Date of Donation:** March 24, 2024  
**Donation Description:** Cash contribution at event  
**Donation Amount:** \$250.00  
**Goods/Services Provided:** No goods or services were provided in exchange for this donation.

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**Authorized Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

## Important Notes:

- This receipt serves as proof of your charitable contribution for IRS purposes.
- If you received any goods or services in exchange for your donation, only the tax-deductible portion is reflected above.
- Retain this document for your records and tax preparation.
- Contact the nonprofit for any questions regarding this receipt or your donation.