

Aid and Support After Pregnancy

ASAP

Donation Receipt Letter

_____ acknowledges receipt of the below donation(s) from
(Name of Organization)

Knights of Columbus Council _____ on _____
(Council Name or Number) (Date)

Value of Items Donated _____

or

Funds Donated _____

Organization Name: _____

Organization EIN # / CRN: _____

Organization Mailing Address: _____

Signature: _____ Date: _____
(Organization Representative)

E-mail Address: _____ Phone: _____

State/Province: _____ Council/Assembly Number: _____

