DONATION RECEIPT FORM

Date of Donation: _____

Donor's Name: _____
Donors Address: _____
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Phone Number: _____
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DONATION DESCRIPTION:

Item(s) Donated	Qty	Estimated Value

Total Donation Amount: _____

Authorized Signature: _____

The James Fisher Memorial Foundation extends our heartfelt gratitude for your generous donation. Your contribution is deeply appreciated.

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