



## Donation Receipt

PLEASE PRINT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Describe *non-cash* Donation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Value of Donation \$ \_\_\_\_\_

Cash       Check       Credit Card

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_      Security Code: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

**Your donation is gratefully appreciated! Thank You.**

\_\_\_\_\_  
*Lighthouse Representative Signature*