** Financial Services**

Name of Organization

 #### Street, City or Town, Province A0A 0A0

 p: 555-555-5555 | f: 555-555-5555

**Official donation receipt for income tax purposes**

***(Canada Revenue Agency – www.cra-arc.gc.ca)***

**File**: ####-##

**Receipt Number**: #####

**Date:** MMMM, DD, YYYY

**Received From:** <First Name> <Middle Initial> <Last Name>

 <Street Number> <Street Name> <Street Direction> or <PO Box #>

 <City>, <Province>, <Postal Code>

**Amount:** $##,###.##

**Eligible amount:** $##,###.##



**Per:**

 Name of Signatory, Director of Finance

**Re:** Organization or Charity Name

**Donation Received:** MMMM DD, YYYY

**Receipt Issued:** City or Town, Province

Thank you for your donation