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| --- | --- | --- |
| **Donation Receipt** | | |
| Name of the Charitable Trust: | | |
| **Address:** | | |
| Phone No.: Email ID:  PAN No.: | | |
| **Date:**  **Receipt No.:** |  | Sender Name  Address Phone No.: Email ID: |
|  | | |
| Received Amount: |  | |
|  |
|  | | |
| Any Banking details : |  | |
|  |  | |
|  | |
|  | |
|  | |
|  | | |
| Receiver Signature | | Donar Signature |

[](https://mybillbook.in/)