

MONETARY GIFT RECEIPT RECORD

Fiscal Year: 20____

Organization/Entity: _____

DATE	DONOR NAME / DESCRIPTION	PAYMENT METHOD	REFERENCE #	AMOUNT (\$)
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DATE	DONOR NAME / DESCRIPTION	PAYMENT METHOD	REFERENCE #	AMOUNT (\$)
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TOTAL:			\$
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Recorded By: _____
Authorized Signature: _____
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