**RECEIPT**

**Contribution of Cash**

**No Goods or Services Returned to Donor**

This acknowledges receipt of your charitable contribution made on      (date), in the amount of $

(Name of your PTA)      did not provide any goods or services in exchange for this contribution. Please retain this document for your records. It is an important document necessary for any available federal income tax deduction for this contribution.

(Name of your PTA)

Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date