

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

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

**This certifies that**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On Behalf of**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has Donated**

**\_\_\_\_\_\_\_\_\_\_\_**

**To the following Charity**

**\_\_\_\_\_\_\_\_\_\_\_**

**Certificate Of Donation**