

[Organization Name]
[Street Address]
[City, State, Zip]
[Phone Number]
[Tax ID / EIN]

TAX INVOICE

RECEIPT #: _____
DATE: _____

Donor Information:

[Donor Name]
[Donor Address]
[City, State, Zip]

Donation Type:
 Cash / Check / Credit
 In-Kind Goods

Description of Donation	Value / Amount
[Description]	\$0.00

Total Tax-Deductible Amount: \$ _____

No goods or services were provided in exchange for this contribution.

Thank you for your generous support of our mission.

Authorized Signature