

[Organization Name]

[Address Line 1]
[City, State, Zip]
[Tax ID / EIN]

DONATION INVOICE

Date: _____
Invoice #: _____

Donor Information:

[Name/Organization]
[Address]
[Email/Phone]

Payment Method:

Check (No. _____)
 Wire Transfer
 Credit/Online

Description	Amount
Charitable Contribution	\$ 0.00
Total	\$ 0.00

Fund Restriction Designation:

This donation is restricted for use specifically for the following fund/program:

[Fund Name/Project Title]

Note: These funds shall be maintained separately for the purposes designated above and shall not be used for general operating expenses unless otherwise specified.

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

Thank you for your support.