

GIFT DONATION INVOICE

[Organization Name]

[Tax ID / EIN]

Date
Invoice #

Donor Information

[Name / Company]

[Address Line 1]

[City, State, Zip]

[Phone / Email]

Recipient Information

[Organization Address]

[City, State, Zip]

[Contact Person]

[Website]

Description of Unrestricted Gift	Amount / Value

Total Donation Value: \$ _____

Notes / Acknowledgment

No goods or services were provided in exchange for this contribution. This is an unrestricted gift for general use.

Authorized Signature
Print Name & Title

Please retain this document for your tax records.