[Organization Name]

[Street Address]
[City, State, Zip]
[Tax ID / EIN]

DONATION INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]

DONOR INFORMATION

[Donor Name]
[Donor Address]
[Email/Phone]

PAYMENT STATUS

Method: [Credit Card / Check / Wire]
Status: [Pending / Paid]

Description / Purpose	Designation	Amount
General Donation for Animal Welfare	[Unrestricted / Fund Name]	$0.00
Special Rescue Program Sponsorship	[Emergency Medical Fund]	$0.00

Subtotal: $0.00
Processing Fee: $0.00
Total Contribution: $0.00

Note: [Organization Name] is a registered 501(c)(3) non-profit. No goods or services were provided in exchange for this contribution. Please retain this invoice for your tax records.

Thank you for helping us protect those who cannot speak for themselves.