ANIMAL SHELTER

123 Rescue Lane
City, State, Zip
Phone: (555) 000-0000

CONTRIBUTION INVOICE

Date: _____
Invoice #: _____

Donor Information:

Name: _____
Address: _____
Email: _____

Tax ID: XX-XXXXXXX
Status: 501(c)(3) Non-Profit

Description of Contribution	Type (Cash/Goods)	Quantity	Value/Amount

Total Contribution Value: $_____

Thank you for supporting our furry friends!

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

Authorized Signature: _____ Date: _____