EQUINE SANCTUARY

123 Rescue Lane
Pasture City, ST 12345
contact@equinesanctuary.org

DONATION INVOICE

Date:
Invoice #:

Donor Information:

Name:
Address:
Email:

Tax Status:

501(c)(3) Non-Profit Organization
Tax ID / EIN:

Description (Sponsorship / General Fund / Supplies)	Quantity	Unit Price	Amount

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Total Contribution: $

Payment Method: [ ] Check [ ] Credit Card [ ] Wire Transfer [ ] In-Kind

Special Instructions/Horse Sponsorship Name:

Thank you for your generous support of our rescued residents.

No goods or services were provided in exchange for this contribution. Please retain this for your tax records.