

# EMERGENCY RELIEF FUND

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

**Invoice #:** [000000]  
**Date:** [MM/DD/YYYY]

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## DONOR INFORMATION

**[Corporate Partner Name]**  
[Contact Person]  
[Company Address]  
[Email/Phone]

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## RELIEF PROGRAM DETAILS

**Campaign:** [Disaster/Emergency Name]  
**Region:** [Affected Area]  
**Fund Code:** [Code-XYZ]

Description of Contribution	Quantity/Unit	Amount/Value
Direct Financial Donation to [Relief Fund Name]	1	\$0.00
Corporate Matching Grant Contribution	-	\$0.00
In-Kind Goods/Services: [Description]	[Qty]	\$0.00

Subtotal: \$0.00  
Processing Fees: \$0.00  
Total Contribution: \$0.00

**Acknowledgement:** No goods or services were provided by [Organization Name] in return for this contribution. This donation is tax-deductible to the extent allowed by law.

Thank you for your corporate leadership and emergency support.

[Website URL] | [Contact Email]