

DISASTER RELIEF FUND

[Organization Address Line 1]
[City, State, Zip]
[Tax ID / EIN]

INVOICE

Date: [Date]
Invoice #: [00000]

Donor Information:

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

Relief Project:

[Project Name/Location]
[Emergency Reference Number]

Description	Quantity	Unit Price	Total
[General Relief Donation / Specific Supply Item]	[0]	\$0.00	\$0.00
[Additional Support Service]	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Total Donation: \$0.00

Note: [Terms of donation, e.g., "This contribution is tax-deductible to the extent allowed by law."]

Thank you for your life-saving contribution.