

# EMERGENCY RELIEF FUND

Organization Address Line 1  
City, State, Zip Code  
Tax ID: 00-0000000

## DONATION INVOICE

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_

### Donor Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

### Payment Method:

Check / Wire / Credit Card  
Status: PENDING

Description of Relief Program	Amount (USD)
General Emergency Fund Contribution	\$ _____
Designated Disaster Relief: _____	\$ _____
<b>Total Donation Amount:</b>	<b>\$ _____</b>

Notes:

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Thank you for your life-saving contribution.

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