

Emergency Relief Fund

[Organization Name]

[Tax ID / EIN]

[Street Address]

[City, State, Zip]

DONATION INVOICE

Date: _____

Invoice #: _____

Donor Information:

[Name / Company]

[Address]

[Phone / Email]

Relief Program:

[Disaster/Project Name]

[Fund Code]

Description	Allocation	Amount
Direct Emergency Aid Contribution	Relief Operations	\$
Administrative Support (Optional)	Operations	\$

Total Donation Amount: \$ _____

Note: No goods or services were provided in exchange for this contribution. [Organization Name] is a 501(c)(3) nonprofit organization. Contributions are tax-deductible to the extent allowed by law.

Thank you for your life-saving support.