

EMERGENCY RELIEF FUND

Organization Name
123 Charity Lane, Suite 100
contact@relief-fund.org

INVOICE NO: #ERF-_____

DATE: ___/___/20__

TAX ID: XX-XXXXXXX

DONOR INFORMATION

Name: _____
Address: _____
Email: _____
Phone: _____

PAYMENT STATUS

OFFICIAL RECEIPT

DONATION DETAILS

Description / Relief Program	Amount (USD)
Emergency Disaster Relief Contribution	\$
Administrative / Operational Support	\$
Other: _____	\$
TOTAL DONATION:	\$

PAYMENT METHOD

Credit Card Wire Transfer Check Online Gateway

Transaction ID: _____

Thank you for your generous contribution. No goods or services were provided in exchange for this donation.

This document serves as an official receipt for tax deduction purposes.

Authorized Signature