

EMERGENCY RELIEF FUND

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

DONATION INVOICE

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

DONOR INFORMATION

[Donor Name/Company]
[Address Line 1]
[City, State, Zip Code]
[Email Address]

PAYMENT METHOD

[Credit Card / Wire Transfer / Check]
Transaction ID: [Reference Number]
Status: [Paid / Pending]

Description of Relief Support	Amount
[General Emergency Relief Fund Donation]	\$0.00
[Specific Crisis/Disaster Designation Name]	\$0.00

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

As a registered 501(c)(3) non-profit organization, your contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for this contribution.

Thank you for your life-saving generosity.

www.organization-website.org