

# OUTREACH CENTER

[Organization Address]  
[City, State, Zip]  
[Phone Number] | [Email]

## DONATION INVOICE

Invoice #: [0000]  
Date: [MM/DD/YYYY]

### DONOR INFORMATION [Donor Name]

[Street Address]  
[City, State, Zip]  
[Phone/Email]

PAYMENT METHOD [Check / Credit Card / Cash]  
TAX ID [Tax-Exempt EIN Number]

Description / Purpose	Qty	Unit Value	Total
[Donation Description/Program Name]	[1]	\$0.00	\$0.00
[Additional Item]	[0]	\$0.00	\$0.00
			Subtotal: \$0.00
			<b>Total Donation: \$0.00</b>

### NOTES / ACKNOWLEDGEMENT

No goods or services were provided in exchange for this contribution. [Organization Name] is a 501(c)(3) non-profit organization. Your donation is tax-deductible to the extent allowed by law.

Thank you for your generous support of our community outreach programs.