

CULTURAL RESOURCE PROTECTION

Donation Invoice / Receipt

Invoice #:

Date:

Organization Info:

[Organization Name]

[Street Address]

[City, State, Zip]

[Tax ID / EIN]

Donor Information:

Name:

Address:

Email:

Description of Contribution	Amount/Value
Designated Cultural Resource Site Protection	\$ _____
Artifact Preservation & Restoration Fund	\$ _____
Educational Outreach & Documentation	\$ _____
TOTAL DONATION	\$ _____

Payment Method:

Check Wire Transfer Credit Card In-Kind Gift

Notes / Specific Resource Designation:

Thank you for your commitment to preserving our shared cultural heritage.

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