

# DONATION INVOICE

Restoration Project: [Landmark Name]

Date: [Date]

Invoice #: [Number]

## ORGANIZATION

[Historical Society Name]

[Street Address]

[City, State, Zip]

[Tax ID / EIN]

## DONOR

[Donor Name]

[Donor Address]

[Email/Phone]

Description of Contribution	Fund Designation	Amount
[e.g., General Restoration Fund / Specific Archival Work]	[e.g., Structural / Masonry / Interior]	\$ 0.00
[Additional Detail]	[Category]	\$ 0.00
		<b>Total Donation: \$ 0.00</b>

**Note:** [Historical Society Name] is a registered 501(c)(3) non-profit organization. No goods or services were provided in exchange for this contribution. Please retain this invoice for your tax records.

*Thank you for preserving our heritage.*