[Foundation Name]

[Street Address]
[City, State, Zip Code]
Tax ID: [00-0000000]

DONATION INVOICE

Invoice #: [00001]

Date: [Month DD, YYYY]

DONOR INFORMATION

[Donor Name/Organization]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

PAYMENT METHOD

[Check / Wire Transfer / Credit Card]
[Transaction Reference, if applicable]

Description / Purpose of Donation	Designation	Amount
[e.g., Annual Scholarship Fund]	[Unrestricted / Specific Program]	$0.00
[e.g., Campus Improvement Project]	[Restricted]	$0.00

Subtotal: $0.00
Total Donation: $0.00

Thank you for your generous support of our educational initiatives.

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