[FAMILY FOUNDATION NAME]

[Street Address]
[City, State, Zip]
[Tax ID / EIN]

DONATION INVOICE

Date: _____
Invoice #: _____

DONOR INFORMATION

[Name/Organization]
[Address]
[Email/Phone]

PAYMENT METHOD

[ ] Check
[ ] Wire Transfer
[ ] Securities/Stock

Description of Contribution / Purpose	Amount (USD)
[Grant Reference or Fund Name]	$ 0.00
[Additional Notes]	$ 0.00

Total Contribution: $ 0.00

Thank you for your generous support of our mission.

[Family Foundation Name] is a 501(c)(3) non-profit organization. No goods or services were provided in exchange for this contribution.