

Global Health Support

123 Medical Relief Way
Geneva, Switzerland
contact@globalhealthsupport.org

DONATION RECEIPT

Receipt #: _____

Date: _____

Donor Information:

Name: _____

Address: _____

Email: _____

Tax Status:

Registered Non-Profit
Tax ID: XX-XXXXXXX

Description / Medical Program	Amount (USD)
General Health Fund Donation	\$ _____
Emergency Medical Supplies	\$ _____
Vaccination Initiatives	\$ _____
Total Contribution:	\$ _____

Payment Method: Credit Card Bank Transfer Check Crypto

Transaction Reference: _____

Thank you for your generous contribution to global health equity. No goods or services were provided in exchange for this contribution. Please retain this document for your tax records.

"Ensuring wellness across borders."