

DONATION INVOICE

Health Education Program

Invoice #: [0000]

Date: [MM/DD/YYYY]

FROM:

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

DONOR:

[Donor Name/Company]
[Donor Address]
[Email Address]
[Phone Number]

Description of Contribution	Amount/Value
[Program Support / Event Sponsorship / Material Donation]	\$0.00
[Additional Description or Designation]	\$0.00
Subtotal: \$0.00	
Total Donation: \$0.00	

Thank you for your generous support of community health education.

No goods or services were provided in exchange for this contribution. This organization is a qualified 501(c)(3) non-profit.