

Health Policy Advocacy Group

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

DONATION INVOICE

Invoice #: _____
Date: _____

DONOR INFORMATION

[Donor Name/Organization]
[Donor Address]
[City, State, Zip]
[Tax ID/EIN if applicable]

ADVOCACY PROGRAM / FUND

[Program Name]
[Campaign Focus]
[Reference Number]

Description of Support / Policy Initiative	Amount
Advocacy Contribution: [Specific Bill/Research Project]	\$ 0.00
General Policy Fund Support	\$ 0.00
Subtotal: \$ 0.00	
TOTAL DUE: \$ 0.00	

PAYMENT INSTRUCTIONS

Please make checks payable to: **[Organization Legal Name]**
Wire Transfer / Electronic Payment: [Account Details]
Notes: [Memo/Campaign Specifics]

[Organization Name] is a [Tax-Exempt Status, e.g., 501(c)(3) or 501(c)(4)] organization.
Please consult your tax advisor regarding the deductibility of advocacy-related contributions.