

Healthcare Equity Fund

123 Wellness Way
City, State, Zip
Tax ID: 00-0000000

INVOICE

Invoice #: _____

Date: _____

DONOR INFORMATION

Name/Organization: _____

Address: _____

Email: _____

EQUITY INITIATIVE ALLOCATION

- General Health Equity Fund
- Community Outreach & Vaccination
- Maternal Health Justice
- Rural Care Infrastructure

Description of Contribution	Amount
Direct Donation to Equity Initiatives	\$ _____
Program Specific Support: _____	\$ _____
Administrative/Operational Support	\$ _____
Subtotal: \$ _____	
Processing Fee: \$ _____	
Total Donation: \$ _____	

Thank you for your commitment to healthcare accessibility and equity.

The Healthcare Equity Fund is a 501(c)(3) nonprofit. No goods or services were provided in exchange for this contribution.