

DONATION INVOICE

Infectious Disease Prevention Initiative

Invoice #: _____

Date: _____

ORGANIZATION DETAILS

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

DONOR INFORMATION

[Donor Name/Company]
[Street Address]
[City, State, Zip]
[Email/Phone]

Description of Contribution	Category	Amount/Value
General Health Fund / Program Support	Monetary	\$ _____
Vaccination & Immunization Supplies	In-Kind	\$ _____
Personal Protective Equipment (PPE)	In-Kind	\$ _____
Subtotal: \$ _____		

Total Contribution: \$ _____

NOTES / PURPOSE OF DONATION

No goods or services were provided in exchange for this contribution.

Thank you for your support in preventing the spread of infectious diseases.