

PUBLIC NUTRITION INITIATIVE

123 Wellness Way
Health City, ST 12345
contact@nutritioninitiative.org

DONATION INVOICE

Invoice #: _____
Date: _____

Donor Information:

Name: _____
Address: _____
Email: _____

Payment Method:

Check
 Credit Card
 Bank Transfer

Program / Description	Quantity/Units	Amount
General Nutrition Fund		\$
Community Soup Kitchen Support		\$
School Meal Program		\$

Program / Description	Quantity/Units	Amount
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Educational Materials

\$

Subtotal: \$ _____

Processing Fees: \$ _____

Total Donation: \$ _____

Notes / Special Instructions:

Public Nutrition Initiative is a registered 501(c)(3) non-profit organization.

Tax ID: 00-0000000 | Thank you for your support.