

# WELLNESS OUTREACH PROJECT

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

## DONATION INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

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### Donor Information:

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

### Project Reference:

[Campaign Name]  
[Program Coordinator]

Description of Donation / Service	Value/Amount

**Total Donation Value: \$** \_\_\_\_\_

### Payment/Transfer Method:

[Check / Wire Transfer / Online Portal Information]

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Thank you for supporting our community wellness initiatives.

The Wellness Outreach Project is a registered non-profit organization. No goods or services were provided in exchange for this contribution unless otherwise noted.