INVOICE

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

Invoice #: _____
Date: _____
Event ID: _____

BILL TO / SPONSOR

[Contact Name]
[Organization Name]
[Address]
[Email/Phone]

FUNDRAISER DETAILS

Campaign: _____
Event Date: _____
Payment Terms: Net 30

Description of Services / Sponsorship Level	Qty/Hrs	Rate/Price	Amount
[Item name or sponsorship tier]	____	$____	$____
[Management fees or logistics]	____	$____	$____
[Marketing or promotional materials]	____	$____	$____

Subtotal: $_____
Tax/Fees (if applicable): $_____

Total Due: $_____

Payment Instructions: Please make checks payable to "[Nonprofit Name]" or pay via online portal at [URL].

Thank you for your support. A portion of this payment may be tax-deductible as a charitable contribution. Please consult your tax advisor.