

[Charity Organization Name]

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

PLEDGE INVOICE

[Invoice-Number]
Date: [Issue-Date]

MONTHLY RECURRING

Donor Information:

[Donor Name]
[Donor Address]
[Donor Email]

Billing Period:

[Start Date] to [End Date]

Description	Frequency	Amount
Monthly Pledge Sustainer Program - [Program Name]	Monthly	\$0.00
Additional Processing Cover (Optional)	-	\$0.00

Subtotal: \$0.00

Total Due: \$0.00

Payment Method:

[Credit Card Ending in XXXX] / [Bank Transfer] / [Check Instructions]

Thank you for your continued support. No goods or services were provided in exchange for this contribution.

[Charity Name] is a registered 501(c)(3) non-profit organization.