

# ENDOWMENT INVOICE

[Organization Name]  
[Address Line 1]  
[City, State, Zip]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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## DONOR INFORMATION

[Donor Name]  
[Donor Address]  
[Phone/Email]

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## ENDOWMENT DETAILS

**Fund Name:** \_\_\_\_\_  
**Agreement ID:** \_\_\_\_\_  
**Installment No:** \_\_\_ of \_\_\_

Description	Period	Amount
Monthly Endowment Principal Contribution	[Month, Year]	\$0.00
Administrative Maintenance Fee (if applicable)	-	\$0.00

Subtotal: \$0.00

**Total Installment Due: \$0.00**

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## PAYMENT INSTRUCTIONS

Please make checks payable to **[Organization Name]**. Include the Agreement ID on the memo line. For wire transfers or automated clearing house (ACH) payments, please contact the development office at [Phone Number].

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Thank you for your continued support and commitment to our mission.

[Organization Website] | [Tax ID/EIN]