

[FOUNDATION NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

DONATION INVOICE

Invoice #: [0000]
Date: [Month DD, YYYY]
Frequency: [Monthly/Quarterly]

DONOR INFORMATION

[Donor Name]
[Donor Address]
[City, State, Zip]
[Email Address]

PAYMENT METHOD

Method: [Credit Card / ACH]
Account: [Ending in XXXX]
Status: [Scheduled / Processed]

Description of Support	Billing Period	Amount
Recurring Foundation Contribution: [Program Name]	[Start Date] - [End Date]	\$0.00
Administrative Support Fee (Optional)	-	\$0.00

Subtotal: \$0.00
Tax Deductible Portion: \$0.00

Total Donation: \$0.00

Thank you for your continued commitment to our mission.

[Foundation Name] is a 501(c)(3) non-profit organization. No goods or services were provided in exchange for this contribution.

Tax ID: [XX-XXXXXXX]