

INVOICE

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

Invoice #: [0000]
Date: [Date]
Billing Period: [Month, Year]

Benefactor:

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

Description	Frequency	Amount
Monthly Recurring Benefactor Membership - [Level Name]	Monthly	\$0.00
Additional Sustaining Contribution	Monthly	\$0.00
Subtotal: \$0.00		

Total Due: \$0.00

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

Payment Method on File: [Auto-pay / Credit Card ending in XXXX]