

[Organization Name]

[Address Line 1]
[City, State, Zip]
[Tax ID / EIN]

RECURRING INVOICE

Invoice #: [00000]
Date: [Date]
Billing Period: [Month, Year]

DONOR INFORMATION

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

SUBSCRIPTION DETAILS

Status: Active
Frequency: Monthly
Payment Method: [Card/Bank ending in]

Description	Amount
Monthly Recurring Donation - [Program Name]	\$0.00
Processing Fee Coverage (Optional)	\$0.00

Subtotal: \$0.00
Total: \$0.00

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

Please keep this for your tax records. [Organization Name] is a 501(c)(3) nonprofit organization.