

# [ORGANIZATION NAME]

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

## INVOICE

Invoice #: [0000]  
Date: [Month 01, 20XX]  
Status: RECURRING

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SPONSOR / BILL TO:

**[Sponsor Name or Company]**  
[Contact Person]  
[Address Line 1]  
[Email Address]

SUBSCRIPTION CYCLE:

**Monthly Recurring**

Service Period: [Start Date] to [End Date]  
Next Billing Date: [Date]

| Description   | Amount |
|---|--------|
| <b>[Sponsorship Level Name]</b><br>Monthly recurring support for [Program Name] | \$0.00 |
| Processing / Administrative Fee   | \$0.00 |

**Description**

**Amount**

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**Total Monthly Amount:**

**\$0.00**

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**PAYMENT INFORMATION**

Method: [Auto-pay via Credit Card/ACH ending in XXXX]

*Note: This is an automated recurring charge. A receipt will be sent following successful payment.*

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Thank you for your continued partnership. As a registered [501(c)(3)] nonprofit, your sponsorship contributes directly to [Mission Statement/Impact]. No goods or services were provided in exchange for this contribution other than intangible religious or charitable benefits.

[Website URL] | [Phone Number]