

[Organization Name]

[Street Address]
[City, State, Zip]
[Phone Number]
[Tax ID / EIN]

DONATION INVOICE

Invoice #: [0000]
Date: [Date]
Frequency: [Monthly/Quarterly]

DONOR INFORMATION

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

PAYMENT STATUS

Schedule: [Day of Month]
Payment Method: [Visa/MC/ACH ending in]
Period: [Start Date] to [End Date]

Description	Designation	Amount
Recurring Gift Donation	[General Fund / Specific Project]	\$0.00

Subtotal: \$0.00
Processing Fee: \$0.00
Total Amount: \$0.00

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

[Organization Name] is a 501(c)(3) nonprofit organization.