

[Organization Name]

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

PAYMENT REQUEST

Invoice #: [000001]

Date: [Month Day, Year]

Donor / Member:

[Name]
[Company Name]
[Street Address]
[City, State, Zip]

Subscription Details:

Frequency: [Monthly/Quarterly/Annual]

Next Charge: [Date]

Status: Recurring

Description	Cycle Period	Amount
[Sponsorship Level / Membership Tier]	[Date Range]	\$0.00
[Additional Donation/Processing Fee]	-	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Amount: \$0.00

Automatic Payment Notice:

This is a recurring payment request. Your saved payment method will be charged automatically on the date indicated above. No further action is required.

Thank you for your continued support of our mission.

[Website URL] | [Email Address] | [Phone Number]

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