

MONTHLY GIFT INVOICE

Organization: [Organization Name]

Tax ID: [00-0000000]

Invoice #: [0000]

Date: [MM/DD/YYYY]

Billing Cycle: [Month, Year]

Donor Information:

[Donor Name]

[Address Line 1]

[City, State, Zip]

[Email]

Legacy Program:

[Program Name/Endowment Fund]

Commitment Date: [MM/DD/YYYY]

Frequency: Monthly

Description	Amount
Recurring Legacy Gift Contribution	\$0.00
Designated Fund: [Fund Name]	\$0.00
Total Monthly Contribution:	\$0.00

Payment Status: [Pending / Autopay Scheduled]

Thank you for your continued commitment to our future legacy.

[Organization Address] | [Website] | [Phone Number]

All contributions are tax-deductible to the extent allowed by law.