

[Non-Profit Name]

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

INVOICE

Invoice #: _____

Date: _____

BILL TO

[Member Name]
[Address Line 1]
[Address Line 2]
[Email Address]

MEMBERSHIP DETAILS

Member ID: _____
Billing Cycle: [Monthly/Annual]
Period: [Start Date] - [End Date]

Description	Frequency	Amount
Membership Dues - [Level/Tier Name]	[Cycle]	\$0.00
Additional Voluntary Contribution	One-time	\$0.00
<hr/>		
Subtotal: \$0.00		
Total Due: \$0.00		

Thank you for your continued support of our mission.

Note: Membership dues to 501(c)(3) organizations may be tax-deductible minus the value of benefits received.