

# PHILANTHROPIC SUPPORT

[Organization Name]  
[Street Address]  
[City, State, Zip]  
[Tax ID / Charity Number]

INVOICE NUMBER  
[#000000]  
DATE  
[Month DD, YYYY]

---

## DONOR INFORMATION

[Donor Name]  
[Donor Address]  
[Donor Email]  
SUBSCRIPTION PERIOD  
[Start Date] to [End Date]  
Frequency: [Monthly/Quarterly/Annual]

Description of Support	Designation	Amount
Recurring Philanthropic Contribution	[General Fund / Specific Project]	\$0.00
[Additional Item/Program]	[Project Name]	\$0.00

Total Contribution Due:  
**\$0.00**

---

## PAYMENT INSTRUCTIONS

Please make checks payable to [Organization Name] or contribute online at [URL].

*Thank you for your ongoing commitment to our mission. All contributions are tax-deductible to the extent allowed by law. No goods or services were provided in exchange for this contribution.*