

[ORGANIZATION NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

DONATION INVOICE

Invoice #: [000000]

Date: [Date]

Frequency: Monthly Recurring

DONOR INFORMATION

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

PAYMENT STATUS

Method: [Credit Card / Direct Debit]
Last 4 Digits: []
Status: [Paid / Pending]

Description	Billing Period	Amount
Monthly Recurring Donation - [Program Name]	[Start Date] to [End Date]	[\$[0.00]]

Subtotal \$[0.00]
Processing Fee \$[0.00]
Total Monthly Gift \$[0.00]

Thank you for your continued support as a regular giver.

[Organization Name] is a registered 501(c)(3) non-profit organization.
All donations are tax-deductible to the extent allowed by law.