

# [Organization Name]

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

## MONTHLY INVOICE

**Invoice #:** [0000]  
**Date:** [Month Day, Year]

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### DONOR INFORMATION

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

### SUSTAINER PROGRAM

**Membership Level:** [Tier Name]  
**Billing Cycle:** Monthly  
**Next Renewal:** [Date]

Description	Period	Amount
Monthly Sustainer Donation - [Program Name]	[Month, Year]	[\$[0.00]]
Processing Fee Coverage (Optional)	-	[\$[0.00]]
<b>Total Monthly Contribution:</b>		<b>[\$[0.00]]</b>

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### PAYMENT STATUS

Auto-pay Processed via [Card/Bank Ending in XXXX]

Payment Pending / Check Requested

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Thank you for your ongoing commitment to our mission. Your recurring gift provides the reliable support we need to make a lasting impact.

*[Organization Name] is a 501(c)(3) nonprofit. No goods or services were provided in exchange for this contribution.*