

[Non-Profit Name]

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

SPONSORSHIP INVOICE

Invoice #: [0000]
Date: [Month DD, YYYY]

BILL TO (SPONSOR)

[Sponsor Company Name]
[Contact Name]
[Street Address]
[City, State, Zip]

EVENT DETAILS

[Event Name]
Date: [Event Date]
Location: [Event Venue]

Sponsorship Level / Description	Amount
[e.g., Gold Level Sponsorship Package]	\$0.00
[e.g., Additional Booth Add-on]	\$0.00

Subtotal: \$0.00
Total Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to: **[Non-Profit Name]**

For Wire/ACH: [Bank Name] | Acct: [Number] | Routing: [Number]

Memo: [Event Name] Sponsorship

Tax ID / EIN: [00-0000000]

[Non-Profit Name] is a 501(c)(3) charitable organization.
Thank you for your generous support of our mission.