

[NON-PROFIT NAME]

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

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
EIN: [00-0000000]

BILL TO:

[Client/Donor Name]
[Address Line 1]
[Address Line 2]
[Email Address]
PROJECT / CAMPAIGN:

[Project Name or Description]

Description of Services / Items	Qty/Hrs	Rate	Amount
[Description Line Item 1]	[0]	\$0.00	\$0.00
[Description Line Item 2]	[0]	\$0.00	\$0.00
[Description Line Item 3]	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Discount / Grant: -\$0.00
Total Due: \$0.00

Note: [Non-Profit Name] is a 501(c)(3) tax-exempt organization. Your contribution may be tax-deductible.

PAYMENT INSTRUCTIONS:

Please make all checks payable to **[Non-Profit Name]**. For wire transfers or online payments, visit [URL] or contact [Name] at [Email].

Thank you for supporting our mission!