

[Organization Name]

[Street Address]

[City, State, Zip]

[Phone] | [Email]

EIN: [00-0000000]

## INVOICE

---

**Bill To:**

[Recipient Name]

[Address Line 1]

[Address Line 2]

**Invoice #:** [000]

**Date:** [MM/DD/YYYY]

**Due Date:** [MM/DD/YYYY]

Description	Quantity	Unit Price	Total
[Item or Service Description]	[0]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]

Tax: \$0.00

**Grand Total: \$[0.00]**

**Section 501(c)(3) Notice & Acknowledgement:**

[Organization Name] is a qualified 501(c)(3) tax-exempt organization.

*Tax Deductibility:* [Select one: No goods or services were provided in exchange for this contribution / The estimated value of goods or services provided is \$[0.00]]. Please consult your tax advisor regarding the deductibility of this payment.

---

Authorized Signature / Date