

ORGANIZATION NAME

123 Charity Lane
City, State, Zip
Tax ID: 00-0000000

INVOICE

Date: _____
Invoice #: _____

Bill To:

Program/Project:

Description of Services/Support	Qty/Hrs	Rate	Amount

Subtotal: \$0.00
Discount/Grant: (\$0.00)

Total Due: \$0.00

Payment Instructions: Please make checks payable to "Organization Name".

Thank you for supporting our community mission.