

[NONPROFIT NAME]

[Street Address]
[City, State, Zip]
[Phone] | [Email]

INVOICE

Date: [Date]
Invoice #: [001]

SPONSOR / BILL TO:

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

EVENT DETAILS:

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

| Sponsorship Level / Description | Amount |
|---|--------|
| [Sponsorship Package Name (e.g., Platinum Sponsor)] Includes: [Brief list of benefits] | \$0.00 |
| [Additional Add-on or Program Ad] | \$0.00 |
| Total Amount Due: \$0.00 | |

PAYMENT INSTRUCTIONS

Please make checks payable to: [Nonprofit Name]

To pay via Credit Card/Online: [Insert Link or URL]

Tax ID (EIN): [00-0000000]

[Nonprofit Name] is a 501(c)(3) tax-exempt organization. No goods or services were provided in exchange for this contribution other than the sponsorship benefits listed above.