

# SPONSORSHIP INVOICE

[Nonprofit Name]  
[Street Address]  
[City, State, Zip]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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## SPONSOR INFORMATION

[Sponsor Contact Name]  
[Company Name]  
[Mailing Address]  
[Email/Phone]

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## EVENT / PROGRAM

**Name:** [Event Name]  
**Date:** [Event Date]

Description / Sponsorship Level	Amount
[Level Name - e.g., Platinum Sponsor]	\$0.00
[Additional Benefits/Add-ons]	\$0.00

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**Total Due: \$0.00**

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## PAYMENT INSTRUCTIONS

Please make checks payable to: **[Nonprofit Name]**

For ACH/Wire transfers or Credit Card payments, please contact [Phone Number] or visit [URL].

**Tax-Exempt EIN: [XX-XXXXXXX]**

*Thank you for your generous support! [Nonprofit Name] is a 501(c)(3) organization. No goods or services were provided in exchange for this contribution, other than intangible religious or promotional benefits.*