SPONSORSHIP INVOICE

[Organization Name]
[Street Address]
[City, State, Zip]
[Tax ID / EIN]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

SPONSOR INFORMATION

[Sponsor Contact Name]
[Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

PROGRAM / EVENT

Project: [Event Name]
Term: [Sponsorship Duration]

Sponsorship Level / Description	Amount
[Sponsorship Package Name - e.g., Platinum Sponsor] [Brief description of key benefits/recognition]	$0.00
[Additional Add-on or Program Donation]	$0.00

Subtotal: $0.00
Total Donation: $0.00

PAYMENT INSTRUCTIONS

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

For Credit Card or ACH payments: [Insert Link or Instructions]

[Organization Name] is a 501(c)(3) nonprofit. No goods or services were provided in exchange for this contribution, other than intangible religious or promotional benefits. Please retain this for your records.