INVOICE

[Organization Name]
[Street Address]
[City, State, Zip Code]
[Email/Phone]

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

Bill To:

[Sponsor Name/Company]
[Contact Person]
[Address Line 1]
[City, State, Zip Code]

Scholarship Project:

[Fund Name or Academic Year]
Tax ID: [00-0000000]

Sponsorship Level / Description	Quantity	Amount
[Sponsorship Tier Name] - Scholarship Donation	1	$0.00
Processing/Administrative Fee (if applicable)	1	$0.00

Subtotal: $0.00

Total Due: $0.00

Payment Instructions: Please make checks payable to "[Organization Name]" or pay online at [Website URL].

Thank you for your generous support of our students' education. [Organization Name] is a registered 501(c)(3) non-profit.