

COLLEGE NAME

Office of Alumni Relations
123 University Ave
City, State, Zip

GIVING INVOICE

Invoice #: _____

Date: _____

Donor Information:

Name: _____

Class Year: _____

Address: _____

Email: _____

| Fund/Designation Description | Reference | Amount |
|-------------------------------|------------------|----------|
| Annual Alumni Fund Donation | Pledge ID: _____ | \$ _____ |
| Department/Scholarship: _____ | General Gift | \$ _____ |
| Other: _____ | - | \$ _____ |
| Subtotal: \$ _____ | | |
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Payment Instructions: Please make checks payable to "College Name Foundation". To give online, visit [Website URL].

Your contribution is tax-deductible to the extent allowed by law. A formal tax receipt will follow upon processing.