

# SCHOLARSHIP DONATION

[Institution Name]  
[Department/Office]  
[Address Line 1]  
[Address Line 2]

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

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## DONOR INFORMATION

[Donor Name or Organization]  
[Contact Person]  
[Donor Address]  
[City, State, Zip]  
[Email/Phone]

## SCHOLARSHIP DETAILS

Fund Name: \_\_\_\_\_  
Academic Year: \_\_\_\_\_  
Designation: [Endowed / Annual]

Description	Quantity/Period	Amount
Scholarship Contribution: [Scholarship Name]	1	\$ 0.00
Administrative/Endowment Fee (if applicable)	-	\$ 0.00

Description	Quantity/Period	Amount
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Other Support Services	-	\$ 0.00
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Subtotal: \$ 0.00  
Tax Deductible Portion: \$ 0.00

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**Total Donation: \$ 0.00**

**Payment Instructions:**

Checks payable to: [Institution Legal Name]  
Wire Transfer: [Bank Name] | Routing: [Number] | Account: [Number]  
Reference: [Scholarship Fund ID]

Thank you for your generous support of higher education and student success.  
[Institution Name] is a 501(c)(3) non-profit organization. Tax ID: [EIN Number]