

INSTITUTIONAL ADVANCEMENT
Office of Development

DONATION INVOICE

Date: _____

No: _____

DONOR INFORMATION

TAX ID / SSN (IF APPLICABLE)

ORGANIZATION DETAILS

Institution Name _____

Street Address _____

City, State, Zip _____

CONTACT EMAIL

Description of Donation / Designation	Fund ID	Amount

Subtotal:\$ _____

Processing Fee:\$ _____

TOTAL GIFT:\$ _____

PAYMENT METHOD

Check Wire Transfer Securities/Stock Other: _____

AUTHORIZED SIGNATURE (DONOR)

DATE SIGNED

Note: As a 501(c)(3) non-profit organization, your contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for this contribution unless otherwise noted.