

# [UNIVERSITY NAME]

Office of Alumni Relations  
[University Address Line 1]  
[City, State, Zip]

## INVOICE

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### BILL TO:

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

**Invoice #:** [00000]  
**Date:** [Month DD, YYYY]  
**Due Date:** [Month DD, YYYY]

Description: [Gala Name & Year]	Amount
[Sponsorship Level Name - e.g., Platinum/Gold/Silver]	\$0.00
Additional Guest Tickets (Qty: [ ])	\$0.00
Program Advertisement Fee	\$0.00
<b>TOTAL DUE:</b>	<b>\$0.00</b>

### Payment Instructions:

â€¢ Checks payable to: [University Name]

â€¢ Wire Transfer: [Bank Name] | Routing: [000000] | Account: [000000]  
â€¢ Online Payment: [URL Link]

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Thank you for supporting our students and alumni community.

*[University Name] is a 501(c)(3) non-profit organization. Tax ID: [00-0000000]*