

UNIVERSITY NAME

Office of Institutional Advancement
123 University Avenue
City, State, Zip Code

ANNUAL FUND INVOICE

Date: [Date]
Invoice #: [00000]

DONOR INFORMATION

[Donor Name]
[Address Line 1]
[City, State, Zip]
[Email Address]

GIFT SUMMARY

Donor ID: [ID Number]
Campaign: Annual Fund 202X
Fiscal Year: [YYYY]

Description / Designation	Pledge Date	Amount
[Department/Scholarship Fund Name]	[Date]	\$0.00
[Unrestricted General Fund]	[Date]	\$0.00

Subtotal: \$0.00

Total Due: \$0.00

Thank you for your continued support of our students and faculty.

Please make all checks payable to "University Name". Contributions are tax-deductible to the extent allowed by law.