

Educational History Program

Institutional Donation Invoice

Invoice #: _____

Date: _____

Organization Information:

[Department Name]

[University/Foundation Address]

[City, State, Zip]

[Tax ID / EIN]

Donor Information:

[Name/Corporation]

[Mailing Address]

[City, State, Zip]

[Email/Phone]

Description of Gift/Fund Designation	Amount
General History Education Fund	\$ 0.00
Student Scholarship / Research Grant	\$ 0.00
Archival Equipment & Preservation	\$ 0.00
Total Contribution: \$ _____	

Payment Method:

Check (Payable to: _____)

Wire Transfer

Credit Card / Online Portal

Thank you for your support of historical education. No goods or services were provided in exchange for this contribution. Please retain this document for your tax records.