

# [Historical Society Name]

[Address Line 1]  
[City, State, Zip]  
[Email/Phone]

## CONTRIBUTION INVOICE

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### CONTRIBUTOR INFO

[Name/Organization]  
[Mailing Address]  
[City, State, Zip]

INVOICE DATE: [Date]

REFERENCE NO: [Number]

TAX ID (EIN): [XX-XXXXXXX]

Description of Contribution	Amount
[Annual Membership Dues / General Donation / Restoration Fund]	\$0.00
[Event Sponsorship / Archive Acquisition]	\$0.00
<b>Total Contribution: \$0.00</b>	

*As a registered 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.*

*Thank you for supporting the preservation of our local history.*