[Foundation Name]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Date: _____
Invoice #: _____

Bill To:

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

Tax ID / EIN: [00-0000000]
Status: 501(c)(3) Nonprofit

Description / Program Service	Quantity/Hours	Rate	Amount
[Service Description]	0	$0.00	$0.00
[Service Description]	0	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Amount Due: $0.00

Payment Instructions:

Please make checks payable to: **[Foundation Name]**
Bank Transfer: [Routing/Account Details]
Due Date: [Date]

Thank you for supporting our mission and community initiatives.

All donations and service fees support our nonprofit objectives.