CONTRIBUTION INVOICE

[Organization Name]
[Street Address]
[City, State, Zip]
[Tax ID / EIN Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]

Donor Information:

[Corporate Name]
[Contact Person]
[Address]
[Email/Phone]

Description of Contribution	Category	Amount
[Program Name or General Support]	[Cash/Grant/In-Kind]	$ 0.00
[Additional Detail]	[Category]	$ 0.00
	Total Contribution:	**$ 0.00**

Payment/Transfer Instructions:

[Bank Name / Wire Instructions / Check Payable To]

[Organization Name] is a registered [501(c)(3)] non-profit organization.

Thank you for your generous corporate support.