

CONTRIBUTION INVOICE

[Foundation Name]

[Tax ID / EIN]

[Address]

Date:
Invoice #:

Donor Information:

Name:

Address:

Email/Phone:

Payment Method:

☐ Check (Payable to Foundation Name)

☐ Credit Card

☐ Wire Transfer / ACH

Description of Contribution / Fund Name	Amount
	\$
	\$
Total Contribution:	\$

Designation / Special Instructions:

Thank you for supporting our educational initiatives.

*Note: No goods or services were provided in exchange for this contribution.
Please consult your tax advisor regarding the deductibility of this gift.*