[Endowment Fund Name]

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

CONTRIBUTION INVOICE

Date: [Date]
Reference #: [Number]

DONOR INFORMATION

[Donor Name]
[Donor Address]
[City, State, Zip]
[Email/Phone]

PAYMENT STATUS

Status: **[Pending/Pledged]**
Due Date: [Date]

Description	Amount
Charitable Contribution to [Endowment Name] Principal	$0.00
Restricted Gift Purpose: [Specific Program/General]	$0.00
Total Contribution Amount:	**$0.00**

CONTRIBUTION METHOD

Please make checks payable to: **[Endowment Fund Name]**

Wire Transfer / ACH Instructions: [Bank Name] | Routing: [Number] | Account: [Number]

Note: This contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for this contribution.

Thank you for your generous support of our mission.