[ASSOCIATION NAME]

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

INVOICE

Date: [Date]
Invoice #: [00000]

CONTRIBUTOR INFORMATION

[Member/Company Name]
[Street Address]
[City, State, Zip Code]
[Member ID, if applicable]

PAYMENT DUE

[Due Date / Upon Receipt]

Description of Contribution / Fund	Amount
[Name of Charitable Initiative or Scholarship Fund]	$0.00
[Secondary Initiative, if applicable]	$0.00

Subtotal: $0.00
Total Contribution: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to: **[Association Name / Foundation Name]**
Memo: [Invoice Number]

[Association Name] is a [501(c)(3)/501(c)(6)] organization. Please consult your tax advisor regarding the deductibility of this contribution for federal income tax purposes. No goods or services were provided in exchange for this contribution.