# [Organization Name]

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

## MONTHLY DONATION

**Invoice #:** [0000]
**Date:** [Month Day, Year]

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**Donor Information:**

[Donor Name]
[Donor Address]
[Email Address]

**Subscription Details:**

Frequency: Monthly Recurring
Plan ID: [ID-Number]
Payment Method: [Card/Bank Ending In ]

| Description | Billing Period | Amount |
|---|---|---|
| Charitable Contribution - [Program Name] | [Start Date] to [End Date] | $0.00 |
| | **Total Monthly Contribution:** | **$0.00** |

**PAID / PROCESSED**

**Tax Disclosure:** [Organization Name] is a 501(c)(3) non-profit organization. No goods or services were provided in exchange for this contribution. Please retain this receipt for your tax records.

Thank you for your continued support!