CONTRIBUTION INVOICE

INVOICE #
DATE

ORGANIZATION (PAYEE)
Name:

EIN/Tax ID:

Address:

City, State, Zip:

GRANTOR (DONOR)
Name:

Contact:

Address:

City, State, Zip:

Description of Grant / Program	Amount

Total Contribution: $_____

GRANT RESTRICTIONS & PURPOSE

The funds provided under this invoice are restricted for the following specific use only:

By processing this payment, the Payee agrees to utilize 100% of the funds for the purpose stated above in accordance with Section 501(c)(3) regulations.

AUTHORIZED SIGNATURE (PAYEE)
PRINT NAME & TITLE

No goods or services were provided in exchange for this contribution. Please retain this document for your tax records.