SCHOLARSHIP CONTRIBUTION

Organization Name:
Tax ID (EIN):
Address:

Invoice #:
Date:

Donor Information:

Name:
Address:
Email:

Scholarship Details:

Fund Name:
Academic Year:

Description	Designation / Notes	Amount
Charitable Contribution to Scholarship Fund		$
Processing/Administrative Fee (if applicable)		$

Total Contribution: $ _____

Payment Method:

[ ] Check (Payable to: _____)
[ ] Wire Transfer
[ ] Credit Card / Online Portal

Thank you for your generous support of student education.

Tax Disclosure: No goods or services were provided by the organization in return for this contribution. Please retain this invoice for your tax records as a 501(c)(3) charitable donation receipt.