

Sponsorship Contribution Invoice

From (Nonprofit):

[Nonprofit Name]
[Address Line 1]
[Address Line 2]
[Email] | [Phone]
EIN: [Tax ID]

To (Sponsor):

[Sponsor Name]
[Address Line 1]
[Address Line 2]
[Email] | [Phone]

Invoice #: [Invoice Number]

Date Issued: [Date]

Due Date: [Due Date]

Purpose / Event:

[Description of the event or sponsorship purpose]

Description	Amount
[Sponsorship Level/Offer Details]	[Amount]
Total Contribution:	[Total Amount]

Payment Method:

[Bank Transfer / Check / Online Payment Details]

Thank you for supporting our nonprofit cause!

This contribution may be tax-deductible. Please retain this document for your records.

Authorized Signature

[Nonprofit Representative Name & Title]