Name

kiwanis club of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

City State Zip code

Date: Date

Make check payable to : **Kiwanis**

Memo Line Name of City

Send to: New Club Opener

Address

City State Zipcode

Invoice Number: 18-008

Terms: 30 DAYS, checks are held until organization meeting

| Description | Quantity | Unit Price | Cost |
| --- | --- | --- | --- |
| Membership Dues current-Oct 1, 2019 | 1 | $‎100 | $100 |
| Re: Corporate Membership |  | 0 | 0 |
| Representative :  |  | 0 | 0 |
|  |  |  |  |
|  |  | Subtotal | $100 |
|  | Tax | 0.00% |  |
|  |  | Total | $100 |

Thank you for your support to assist with helping the community of -\_\_\_\_\_\_\_\_\_\_\_especially the existing \_\_\_\_\_\_\_\_\_\_\_Key Club and \_\_\_\_\_\_\_\_\_\_\_Builders Club.

Sincerely yours,

Name

Club Opener for \_\_\_\_\_\_\_\_

Phone / email address