



# INVOICE

Date:

**FROM:**

\_\_\_\_\_ of CultureTrust Greater Philadelphia  
c/o CultureWorks Greater Philadelphia  
The Philadelphia Building  
1315 Walnut Street, Suite 320  
Philadelphia, PA 19107

**BILL TO** Name:

Address 1

Address 2

City

State

Zip

Phone

Email

DATE	SERVICE	AMOUNT	BALANCE

<b>TOTAL AMOUNT DUE</b>	<b>\$</b>

Checks payable to:

**FEIN: 46-3109411**

THANK YOU!