[YOUTH ORGANIZATION NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [0000]
Date: [Date]
Season: [Year/Season]

BILL TO:

[Sponsor Contact Name]
[Company Name]
[Sponsor Address]
[City, State, Zip]

Sponsorship Level / Item	Description	Amount
[Tier Name, e.g., Platinum]	[Description: Logo on jerseys, field banner, website link]	$0.00
[Add-on Item]	[Description]	$0.00

Subtotal: $0.00
TOTAL DUE: $0.00

Payment Instructions:
Please make checks payable to: **[Organization Name]**

Memo: [Team Name/Sponsorship Tier]
Mailing Address: [Payment Address]

[Organization Name] is a [501(c)(3)] non-profit organization. Your contribution may be tax-deductible. Tax ID: [EIN Number]