

UNIVERSITY ATHLETICS

Alumni Relations & Development
123 Varsity Way
Campus City, ST 12345

DONATION INVOICE

Date: _____
Invoice #: _____

DONOR INFORMATION

Name: _____
Class Year: _____
Address: _____
Email: _____

PAYMENT INSTRUCTIONS

Please make checks payable to:
[University Name] Athletic Fund
Reference Invoice # on check memo.

| Description / Designation | Athletic Program | Amount |
|-------------------------------|------------------|----------|
| Annual Alumni Contribution | _____ | \$ _____ |
| Scholarship Fund Donation | _____ | \$ _____ |
| Capital Campaign / Facilities | _____ | \$ _____ |

Subtotal: \$ _____

Total Donation: \$ _____

Thank you for your continued support of our student-athletes.

The [University Name] is a 501(c)(3) non-profit organization. Your contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for this contribution.