

DONATION INVOICE

Community Center Name

Address Line 1

City, State, Zip

Tax ID / EIN

INVOICE #

DATE

DONOR INFORMATION

Name/Organization

Address

Email / Phone

EVENT INFORMATION

Event Name

Event Date

Fund/Project Designation

Description of Contribution	Qty/Type	Estimated Value

Subtotal: \$

Total Value: \$

Thank you for your generous support of our community programs.

Note: No goods or services were provided in exchange for this contribution. Please retain this for your tax records.

Authorized Signature

Date