

SPONSORSHIP INVOICE

[Community Center Name]
[Street Address]
[City, State, Zip Code]
[Tax ID / EIN]

Invoice #: _____
Date: _____

SPONSOR INFORMATION

[Contact Name/Company]
[Street Address]
[City, State, Zip]
[Email/Phone]

PAYMENT TERMS

Due Date: [Date]
Checks Payable To:
[Community Center Name]

Sponsorship Description / Tier	Qty	Amount
[Tier Name/Program Title] Sponsorship	1	\$0.00
[Additional Item/Recognition Benefit]	1	\$0.00
		Subtotal: \$0.00
		Tax: \$0.00
		Total Amount Due: \$0.00

Thank you for supporting our community initiatives.

Note: This contribution may be tax-deductible. Please consult your tax advisor.