

COMMUNITY CENTER

123 Unity Drive
City, State, ZIP
contact@communitycenter.org

DONATION INVOICE

INVOICE #: _____

DATE: _____

SUSTAINER INFORMATION:

PAYMENT STATUS:

Status: Pending Paid

Method: _____

Frequency: Monthly Sustainer

Description	Period	Amount
Community Sustainer Membership Contribution	_____	\$ _____
Additional Program Gift (Optional)	n/a	\$ _____
Total Contribution:		\$ _____

NOTES / IMPACT AREA:

Thank you for your ongoing commitment to our community.

The Community Center 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.