

# COMMUNITY CENTER DONOR INVOICE

[Center Name]  
[Street Address]  
[City, State, Zip]  
[Phone Number]

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

## Donor Information:

Name:  
Address:  
Email:

**Payment Method:**  
 Cash  
 Check (No. \_\_\_\_\_)  
 Credit Card / Online

Description of Donation / Program Support	Amount
General Operating Fund	\$ _____
Youth & Education Programs	\$ _____
Senior Services Support	\$ _____
Facility Maintenance & Improvement	\$ _____

**Description of Donation / Program Support**

**Amount**

Other: \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL DONATION**

\$ \_\_\_\_\_

**Notes / Dedication:**

Thank you for your generous contribution to our community!

*[Center Name] is a 501(c)(3) non-profit organization. Your donation is tax-deductible to the extent allowed by law.*

Tax ID: [XX-XXXXXXX]