

MEMORIAL COMMUNITY CENTER
123 Unity Drive
Community City, ST 12345
Contact: (555) 010-9999

INVOICE

Date: _____
Invoice #: _____

Donor Information:
Purpose / Project:

Description	Amount

Total Donation Amount: \$ _____

Payment Method: Cash Check (# _____) Credit Card Other: _____

The Memorial Community Center is a registered 501(c)(3) non-profit organization.

Thank you for your generous support of our community programs.