

DONATION INVOICE

[Community Center Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Date: [Date]
Invoice #: [0000]
Tax ID: [XX-XXXXXXX]

Donor Information:

[Donor Name]
[Donor Address]
[Donor Email]

Billing Period:
[Month, Year]

Description	Frequency	Amount
Monthly Community Support Contribution	Monthly	\$0.00
Specific Program Fund: [Program Name]	One-time	\$0.00

Total Monthly Contribution: \$0.00

Notes: [Insert custom message regarding tax deductibility or program impact here.]

Thank you for your continued support of our community.