

DONATION INVOICE

Neighborhood Center

123 Community Lane

City, State, Zip

Tax ID: 00-0000000

Date: _____

Invoice #: _____

Donor Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Fundraiser Event:

Name: _____

Coordinator: _____

Description of Donation	Type (Cash/In-Kind)	Value/Amount
Total Donation Value		\$

Payment Method:

Check Cash Credit Card Online Portal

Donor Signature

Authorized Receiver

Thank you for your generous support of our neighborhood programs.
The Neighborhood Center is a 501(c)(3) non-profit organization. No goods or services were provided in exchange for this contribution.