

# DONATION INVOICE

[Community Center Name]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number] | [Email/Website]

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

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## DONOR INFORMATION

[Name / Organization]  
[Address]  
[City, State, Zip]  
[Phone/Email]

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## TAX INFORMATION

**Tax ID / EIN:** [XX-XXXXXXX]  
**Status:** 501(c)(3) Non-Profit

Description of Contribution	Type	Value/Amount
[Donation Description/Program Name]	[Cash/In-Kind]	\$ 0.00

**Total Contribution Value: \$ \_\_\_\_\_**

**ACKNOWLEDGMENT**

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No goods or services were provided in exchange for this contribution. Your donation is tax-deductible to the extent allowed by law.

Authorized Signature  
Date

Thank you for supporting our community programs.