DONATION INVOICE

[Association Name]
[Street Address]
[City, State, Zip Code]
[Tax ID / EIN]

Date: _____
Invoice #: _____

Donor Information:
[Name/Organization]
[Street Address]
[City, State, Zip]
[Phone/Email]

Description of Donation / Sponsorship Level	Amount
[Description]	$
Total Contribution:	**$**

Payment Method:

[ ] Check (Payable to [Association Name])
[ ] Credit Card / Online
[ ] Cash / Other

Tax Disclosure: [Association Name] is a non-profit youth sports organization. No goods or services were provided in exchange for this contribution. Please retain this invoice for your tax records.

Authorized Signature: Date:

Thank you for supporting youth athletics!