[ORGANIZATION NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Tax ID / EIN]

DONATION INVOICE

Date: [MM/DD/YYYY]

Invoice #: [00000]

DONOR INFORMATION

[Donor/Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]

ATHLETE/TEAM REFERENCE

Athlete Name: [Name]
Team/Division: [Division]
Season: [Year]

Description of Sponsorship / Donation	Amount
[Item e.g., Gold Level Jersey Sponsorship]	$0.00
[Item e.g., Travel Fund Contribution]	$0.00

Subtotal: $0.00
Processing Fees: $0.00

Total Donation: $0.00

Payment Instructions: Please make checks payable to **[Organization Name]**.

As a registered 501(c)(3) non-profit organization, your contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for this contribution.

Thank you for supporting youth athletics!