[HIGH SCHOOL NAME]

Athletic Department
[Street Address]
[City, State, Zip]

DONATION INVOICE

Date: _____
Invoice #: _____

DONOR INFORMATION

Name/Company: _____
Address: _____
Email: _____
Phone: _____

PROGRAM ASSIGNMENT

Sport/Team: _____
Season: _____
Coach/Contact: _____

Description / Sponsorship Level	Amount

Subtotal: $_____
TOTAL DUE: $_____

PAYMENT INSTRUCTIONS

Please make checks payable to: **[School/Athletic Booster Club Name]**

Memo: [Student Name or Specific Program]

[High School Name] is a 501(c)(3) non-profit organization.
Your contribution may be tax-deductible to the extent allowed by law.