# LITTLE LEAGUE BASEBALL

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

**DONATION INVOICE**
Date: _____
Invoice #: _____

**DONOR INFORMATION:**
Name/Company:

Address:

Email:

Phone:

**PAYMENT STATUS:**
[ ] Check (Payable to: _____)

[ ] Credit Card / Online

[ ] Cash

| Description of Donation / Sponsorship Level | Amount |
|---|---|
| | $ |
| | $ |
| **TOTAL DONATION AMOUNT:** | **$** |

**Notes / Special Instructions:**

Thank you for supporting our youth athletes and the local baseball community.

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