DONATION INVOICE

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

Date: _____
Invoice #: _____
Tax ID (EIN): _____

Donor Information

Name/Company: _____
Address: _____
City/State/Zip: _____
Phone: _____

Program/Team Focus

Division: [ ] Youth League [ ] Travel Team
Specific Sport: _____
Season: _____

Description of Contribution	Amount/Value
Financial Donation / Sponsorship Level: _____	$ _____
Equipment/In-Kind Goods: _____	$ _____
Uniform/Jersey Branding Fee	$ _____
Total Contribution:	**$ _____**

Payment Status

[ ] Paid in Full [ ] Check Enclosed (#_____) [ ] Please Invoice Me

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[Organization Name] is a registered 501(c)(3) non-profit organization. No goods or services were provided in exchange for this contribution other than intangible religious benefits or nominal recognition. Your donation is tax-deductible to the extent allowed by law.

Thank you for supporting youth athletics!