# [Program Name]

[Organization Address]
[City, State, Zip]
[Tax ID/EIN]

## DONATION INVOICE

Date: _____
Invoice #: _____

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**Donor Information:**

[Name/Company Name]
[Address]
[City, State, Zip]
[Email/Phone]

| Description / Sponsorship Tier | Amount |
|---|---|
| Youth Basketball Donation / Sponsorship | $_____.____ |
| [Additional Detail/Equipment Fund/Scholarship] | $_____.____ |
| **TOTAL DONATION:** | **$_____.____** |

**Payment Instructions:**

Please make checks payable to: **[Organization Name]**

Memo: [Player Name or Specific Program Fund]

Thank you for supporting youth athletics in our community!

*[Organization Name] is a 501(c)(3) non-profit organization. No goods or services were provided in exchange for this contribution.*