[TEAM NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

DONATION RECEIPT

Date: _____
Receipt #: _____

Donor Information:

[Name/Company]
[Street Address]
[City, State, Zip]

Payment Method:

[ ] Cash
[ ] Check #_____
[ ] Credit/Electronic

Description of Support / Sponsorship Tier	Amount
[e.g., Seasonal Sponsorship / Equipment Donation]	$ _____
[e.g., General Team Fund]	$ _____

Total Contribution: $ _____

Tax ID / EIN: [XX-XXXXXXX]

Thank you for supporting youth athletics. No goods or services were provided in exchange for this contribution. [Team Name] is a registered [501(c)(3)] non-profit organization.

Authorized Signature: _____