[TEAM NAME] LACROSSE

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

DONATION INVOICE

Date: _____
Invoice #: _____

Donor Information:
[Name/Company Name]
[Address]
[Email/Phone]

Description	Amount
Sponsorship Level / General Donation	$ 0.00
Processing Fees (if applicable)	$ 0.00

Total Amount: $ 0.00

Payment Instructions:
Please make checks payable to: **[Team Name]**
Online Payment: [Link or Instructions]

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