[SCHOOL NAME]

Youth Martial Arts Program
[Street Address]
[City, State, Zip]
[Phone Number]

DONATION INVOICE

Date: _____
Invoice #: _____

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

Description of Contribution	Qty	Value / Amount
[e.g., Sponsorship, Equipment, Tournament Fees]		$

Total Contribution Value: $_____

Payment/Contribution Method: [ ] Cash [ ] Check [ ] Credit [ ] In-Kind Goods

Federal Tax ID (EIN): _____

Thank you for supporting our young athletes and the martial arts community. No goods or services were provided in exchange for this contribution.

Authorized Signature: ___________________________________