[SWIM TEAM NAME]

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

DONATION INVOICE

Date: _____
Invoice #: _____

Donor Information:

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

Sponsorship Level:

[ ] Platinum
[ ] Gold
[ ] Silver
[ ] Other

Description	Amount
General Team Donation / Sponsorship Program	$ _____
Equipment Fund (Blocks, Timers, Fins)	$ _____
Scholarship Fund Contribution	$ _____
Total Donation Amount:	**$ _____**

Please make checks payable to: **[Swim Team Name]**

[Swim Team Name] is a registered 501(c)(3) non-profit organization.
Tax ID / EIN: [XX-XXXXXXX]

Thank you for supporting our youth athletes!