[CLUB NAME]

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

DONATION INVOICE

Date: _____
Invoice #: _____

Donor Information:

Name: _____
Address: _____
City/State: _____
Tax ID (if applicable): _____

Program/Player Support:

Team Level: _____
Player Name: _____
Season: _____

Description of Donation	Amount/Value
Individual Player Sponsorship / Scholarship Fund	$ _____
Equipment & Uniform Contribution	$ _____

Description of Donation	Amount/Value
General Club Operations / Travel Fund	$ _____
Other: _____	$ _____

Total Contribution: $ _____

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

[Club Name] is a registered [501(c)(3) / Non-Profit] organization. No goods or services were provided in exchange for this contribution. Please retain this invoice for your tax records.

Thank you for supporting youth volleyball!