[CLUB NAME]

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

DONATION INVOICE

Invoice #: [0000]
Date: [Date]

DONOR INFORMATION

[Donor Name / Company]
[Street Address]
[City, State, Zip]
[Email/Phone]

PAYMENT METHOD

[ ] Check (Payable to: [Club Name])
[ ] Credit Card / Digital
[ ] Cash

Description of Contribution / Sponsorship Tier	Amount
[Description of donation or sponsorship level]	$0.00
[Additional notes or itemized support]	$0.00

Subtotal: $0.00
Total Donation: $0.00

Thank you for supporting youth athletics and our wrestling community.

[Club Name] is a registered [501(c)(3)] non-profit organization.
No goods or services were provided in exchange for this contribution.