



AZ VIKINGS

Official Sponsorship & Donation Invoice

Invoice Number: _____ Invoice Date: _____
Federal Tax ID (EIN): _____

Donor Information

Name / Company: _____
Contact Name: _____
Email: _____
Social Media / Marketing Links: _____

Sponsorship Level	Recipient / Allocation (% of Donation)	Form of Payment
<input type="checkbox"/> Blue (\$1-\$500)	<input type="checkbox"/> Whole Organization ____%	<input type="checkbox"/> Zelle
<input type="checkbox"/> White (\$1,000)	<input type="checkbox"/> Junior High – 7th/8th Grade ____%	<input type="checkbox"/> Check
<input type="checkbox"/> Red (\$2,500)	<input type="checkbox"/> 12U Team ____%	<input type="checkbox"/> Cash
<input type="checkbox"/> Viking (\$5,000)	<input type="checkbox"/> 11U Team ____%	
	<input type="checkbox"/> 10U Team ____%	
	<input type="checkbox"/> 9U Team ____%	
	<input type="checkbox"/> 8U Team ____%	

If selecting multiple recipients, indicate percentage breakdown next to each (total = 100%).

Total Donation Amount: \$ _____

Authorized Signatures

Donor/Company Representative: _____ Date: _____
AZ Vikings Representative: _____ Date: _____

AZ Vikings is a recognized 501(c)(3) nonprofit organization.
This invoice serves as an official record of your charitable contribution.
No goods or services were provided in exchange for this donation unless otherwise specified.
Please retain this document for your tax records.