

## **West Albany Sports Complex**

Donation Amount	:\$			
☐ Check Attached☐ Please Invoice				
☐ Full Amou	nt: \$			
☐ Monthly Installments: \$			per month for	months
☐ Annual In	stallments: \$		per month for	years
Donor Acknowledgn	nent:			
☐ Please list as:				
☐ I wish to remain a	inonymous			
Donor Name / Busir	iess:			
Contact Person for I	Donation:			
Mailing Address:				
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Thank you for your support!

This is your contribution receipt. The West Albany Sports Foundation is a 501(c) (3) non-profit organization, Federal Tax ID# 93-1309770. Your donation may be fully deductible. Consult your tax advisor. No goods or services were provided in return for the charitable contribution.