

CITY OF BASTROP DONATION RECEIPT

Date: _____

Donor Information

Donor's Name: _____

Donor's Address: _____

Donation Information

Thank you for your donation with a value of _____ Dollars

(\$_____), made to the City of Bastrop.

Donation Description: _____

Representative's Signature _____

Representative's Name _____

Title: _____ Date: _____