

# 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: \_\_\_\_\_