



Williams Lake Studio Theatre Society
P.O. Box 4473
Williams Lake, BC V2G 2V5
(250) 392-4383

Seating Replacement & Theatre Refurbishment Project

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone Number: _____

E-mail: _____

Tax Receipt Required?

Minimum \$20

Yes No

Note: If yes, the information on the left must be filled out in full

Please Print Clearly

Donation Details

Paid by: Cash Cheque Debit

Donation Amount = \$ _____ Payment Date: _____

Comments



Donation Receipt

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Thank you for supporting our Seating Replacement and Theatre Refurbishment Project!

Donation Amount: \$ _____

Paid by: Cash Cheque Debit

Date Received: _____

Seller Signature: _____

If requested, your tax deductible receipt will be sent to you by January 15, 2016.

THIS IS NOT AN OFFICIAL TAX RECEIPT