Family Funds Donation

Please add the following amount to my monthly water bill:

☐ $1 ☐ $5 ☐ $10 Other_____

(please specify amount)

Date to begin donation:_____

Please print.

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Bartlett water bill account#:_____

Signature:_____

Please return to: City of Bartlett - Finance Department
6400 Stage Road, P. O. Box 341027
Bartlett, TN 38134-1027