

PARKS DONATION APPICATION FORM

DONOR INFORMATION: What would you like to donate:

€ Tree

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€	Oth	er (ie	e. p	olay	y e	qui	ome	ent	, dı	rink	king	l fo	unt	ain	s, p	oark	< liç	ghti	ng))							
DONG	DONOR CONTACT INFORMATION:															-											
Name	:								-																		=
Address:																											
Home phone: Cell ph										ph	one	ə: _															
Email	Addı	ess	:																								
INCOME TAX INFORMATION : A tax receipt will be made out to the person writing the cheque unless a letter is provided at the time of payment indicating the individual donor names, addresses and amounts.																											
LOCATION INFORMATION : Which park would you like to have the donation installed? Think of two or three alternative parks. Attach a map sketch, if possible.												?															
Option 1:																											
Option 2:																											
Option 3:																											
PLAQUE WORDING:																											
Signature:										Date:																	