



DONATION FORM

Thank you for your donation to Evelyn's Park.

CONTACT INFORMATION

_____		_____		_____
First Name		Last Name		Suffix
_____		_____	_____	_____
Address		City	State	Zip
_____		_____		
Email		Daytime Telephone		
_____		_____		
Company Name		Company Contact Person		
_____		_____		
Company Address		_____	_____	_____
		City	State	Zip
_____		_____		
Email		Daytime Telephone		

PAYMENT INFORMATION

Please check one:

Enclosed is a check for \$ _____
made payable to Evelyn's Park Conservancy.

Please charge \$ _____ to credit card:

Amex MasterCard VISA Discover

Credit Card Information:

Name on card

Card Number

Exp. Date Card Security Code #

ACKNOWLEDGEMENT INFORMATION

For all donations, please list your name as you would like it to be acknowledged in print.

Name

My gift is given:

In honor of In memory of On behalf of

I would like this donation to remain anonymous

Dedication acknowledgement should be sent to:

Name

Address

City State Zip