

Donation Form

DONOR INFORMATION

Name/Organization _____

Contact for Organization (if applicable) _____

Donor Address _____

City _____ State _____ Zip _____

Donor Phone (_____) _____ home work cell

Donor Email _____

Date of Gift _____

Amount of Gift \$ _____

Please designate this gift for (check one)

Annual Operations

Special Projects

Endowment Fund

The Greatest Need

The Arboretum

Specific Project: _____

Classroom Connections

This gift is in honor in memory of

Name(s) (as you would like it listed) _____

If you would like us to send a letter to the honoree(s) or the family of the person whom you are giving a gift in memory of, please list his/her/their contact information below

Name _____

Address _____

City _____ State _____ Zip _____

Please list any additional instructions such as specific dates by which a letter needs to be sent or if you prefer to have the letter sent to your address. **Please allow up to two weeks for letters to be mailed.**

Completed forms may be mailed to:

Maywood, Attn: Trust Administrator, 3615 Mueller Road, Sheboygan, WI 53083

The Environmental Park Trust of Sheboygan County is a non-profit organization which qualifies under section 501(c)(3) of the Internal Revenue Code. Tax ID # 39-1453449.

Office Use Only

Date received _____

Amount Received \$ _____

Check # _____ Cash

Letter sent _____