

Town of Jacksonport

2017 Park Bench Donation Order Form/Receipt

Donor Information

Name:

Address:

Phone #:

E-mail:

Donation amount: \$ _____ (6ft bench \$1000 donation, 4ft \$900 donation)

Please write checks to: The Town of Jacksonport

Date donation amount was received by Town: _____

Park Bench size:

Preferred Plaque Wording (plaque proof will be provided via email for donor's review and confirmation)
Please note the plaque can accommodate a maximum of 3 lines and 35 letters per line. Write exactly
how the it should appear on the plaque.

Notes/Comments:

Although bench location suggestions are welcome, the Town does reserve all bench location rights.

Individual taking order: _____

Date: _____

Please return completed form and check to:

Town of Jacksonport

c/o Theresa Cain-Bieri, clerk

3365 County V

Sturgeon Bay, WI 54235