



Individual/Family Sponsorship Form



Name: _____

Address: _____

City, State, Zip: _____

We would like to make an immediate donation of \$ _____ to this project.

Name and title of organizational contact: _____

Email Address: _____ Telephone _____

Please use this name as it appears here to recognize the donation in publications and at the All-Inclusive Playground:

*All donations of \$1,000 and more will be permanently recognized at the playground in order of giving levels.

**Your gift is tax deductible according to current tax law. Donors will receive a tax deduction receipt.

Park Steering Committee Members

Joe Zaccone

Tina Flores Schechinger

Sara Poepsel

Connie Claussen

Debbie Davis

Gervas Mgonja

Seth Piro

Tina Reischl

Jahde Osborn

Gene Gettys

Tim Miller

Jane Smith

Mike Kolbe

MAIL OR DROP OFF CHECK & DONATION FORM TO:

Dream Playground Project
711 Durant Street, PO Box 650
Harlan, IA 51537

QUESTIONS CONTACT:

City of Harlan at 712-755-5137
Email: info@cityofharlan.com
Website: pioneerparkproject.godaddysites.com