

DONATION FORM

Yes! I wish to make a tax-deductible contribution to support Anaina Hou Community Park.

Name _____

Address _____

City, State, Zip _____

Preferred Phone: home work cell _____

Email _____

I wish to receive information about Anaina Hou Community Park programs and services.

Contribution Amount: \$ _____

GIVING OPTIONS

I've enclosed my check, payable to Anaina Hou Community Park

Please charge my: Visa MasterCard American Express

Name on Card _____

Card Number _____

Expiration Date (MM/YY) _____ CVV # _____

Signature _____

HOW WE MAY USE YOUR GIFT

Unrestricted gift to support all programs and services – *our greatest need*

Restrict my gift to support the following program/service:

PRINT RECOGNITION

I wish to be acknowledged in any published materials as (name):

I wish to make my gift anonymous

OTHER

I have included Anaina Hou Community Park in my will or estate.

I am interested in including Anaina Hou Community Park in my will and/or estate plan and I need more information. Please contact me at the number above.