

Lorain County Metro Parks

DONOR SUBMISSION FORM

Name of Person(s)/Group/Organization making donation:

Mailing Address:

Donation Amount: Is this donation being made anonymously? Yes No

Do you wish to be publicly acknowledged in the *Arrowhead*, bi-monthly newsletter? Yes No

In memory of In honor of Gift to

Intended use of funds:

If you would like for us to notify the honoree or family of the memorialized, please provide a name and mailing address:

Name: Address:

Additional Notes (Specific purpose, project, instructions, etc.):