



Donation Form

Your Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

I want to make a difference in my community.

Enclosed is a donation in the amount of:

\$10 \$25 \$50 \$100 Other \$ _____

My check is enclosed.

Please charge my donation to my credit/debit card.

Visa Master Card Discover

Card # _____ - _____ - _____ - _____

Exp Date: _____ / _____ CCV (3 digit number on back of card): _____

Name on Card: _____

Authorized Signature: _____

The South Bend Parks Foundation is a registered 501(c) 3 non-profit organization and your donation may be tax deductible. You will receive a receipt in the mail following your donation.

Please mail this form & your donation to:
South Bend Parks Foundation • 321 E Walter Street • South Bend, IN 46614

Your generosity is sincerely appreciated!