

Deerfield Park Foundation

BENCH DONOR Order Form

Name of Donor _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Email _____

Bench / Plaque Cost quoted _____

Location/Site: _____

Wording on Plaque: _____ "In memory of..." _____ "In honor of..."

[Date on plaque (if desired) _____]

Please enclose this form along with a check made payable to *Deerfield Park Foundation* and mail to:

Deerfield Park Foundation
Bench Donor Program
836 Jewett Park Drive
Deerfield, IL 60015



OR

You may charge your payment by filling out the following information and mail it to the above address or Fax form w/below info. to 847 945-0699:

___ Mastercard ___ Visa ___ Discover Expiration Date _____

Card # _____ Total Payment: \$ _____

Signature _____

Thank you for participating in our Bench Donor Program! Your generous gift will be useful and appreciated for years to come.

For more information call (847) 945-0650.

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