



Corporate Sponsorship Form



Organization 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
Elle Crees

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