



Have A Seat!

Contact Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	

Bench Information

Trail or Park of your choice:	
Specific Location:	

Recognition Information

Please use the following in all acknowledgements:

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____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please remit \$450 payable to Washington Park District for your seat in the park!

Cash	
Check	
Credit card type	
Credit card number	
Expiration date	
Authorized signature	