

CITY OF GRAND HAVEN DONATION APPLICATION

Applicants Name and Contact Information

(Please Print)

Name:																			
Mailing Address:																			
Telephone No.: ()					Cell No.: ()														
Email Address:																			
	Acknow	vledgem	ent a	and	Signat	ture	:												
By signing this application understand and concur wake the donation or the make a donation to the Concurrence of the Concurrenc	with the policy. By nat I'm an appoin	y signing, ted repr	. I als	so d	eclare	th:	at I	am	the	e in	div	idu	al r	equ	uesti	ng	to		
The City truly appreciate Without exception, the no longer suited for their graciously and unconditions.	City reserves the roriginal purpose	right to i . Donatio	resto ons c	re, do n	reloca ot cor	ite,	ren	nov	e o	r re	elino	quis	sh g	gifts	s tha	at a	re		
Name:Date of Submittal:																			
	Item(s) Desire	d to be C	Consi	ider	ed for	Do	nat	ion											
Bench(s) (Cost plus \$500)	Tree(s) (\$1000 or Cost		Tras (Cos		Picnic Table(s) (Cost + \$500)														
Art (Based on DPW Staff Time	Other:			_															
Location(s)	Desired to be Con	sidered f	or Pr	ropo	sed D	ona	atio	n (f	ron	n lis	st a	bov	/e)						
Park	Waterfront		East		Lake Forest Cemetery														
Centertown	☐ Community Cer		City	Hall					Parkway										
Downtown DDA District	Other:										_								
Donor Plaque - Name to A	Appear on Plaque:		<u> </u>																
(Cost + \$75)																+	\perp	_	
																		_	