

## Field Trip Transportation Fund

## **Donor Information** (please print) (as it should appear for recognition) Address: \_\_\_\_ City, State, Zip: \_\_\_\_\_\_ Gift Information \_\_ This gift is in memory of \_\_\_\_\_ \_\_ This gift is in honor/celebration of \_\_\_\_\_ Send notification of my memorial/tribute gift to: Name: City, State, Zip: **Location Preference** Brecksville Nature CenterGarfield Park Nature CenterNorth Chagrin Nature Center \_\_ CanalWay Center \_\_ Look About Lodge \_\_ Rocky River Nature Center **Payment Information** \_\_\_\_ check enclosed (payable to Cleveland Metroparks) \$\_\_\_\_ amount of gift \_\_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover Account #: \_\_\_\_\_ Signature code: Expiration: Signature: \_\_\_\_\_ Please mail to: **Cleveland Metroparks** Gift and Donor Development 4101 Fulton Parkway Cleveland, OH 44144

For more information: 216-635-3217