

Trails Fund

Donor Information (please print)

Name: _____
(as it should appear for recognition)

Address: _____

City, State, Zip: _____

Telephone: _____

Gift Information

___ This gift is in memory of _____

___ This gift is in honor/celebration of _____

Send notification of my memorial/tribute gift to:

Name: _____

Address: _____

City, State, Zip: _____

Payment Information

___ check enclosed (payable to Cleveland Metroparks)

\$_____ amount of gift ___ Visa ___ MasterCard ___ Discover

Account #: _____

Expiration: _____ Signature code: _____

Signature: _____

Please mail to: Cleveland Metroparks
 Gift and Donor Development
 4101 Fulton Parkway
 Cleveland, OH 44144

For more information: 216-635-3217

All contributions are tax-deductible to extent allowed by law.