



DONATION  
FORM

Helping people with  
disabilities thrive

**Donor Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Donation Details:**

Amount: \$\_\_\_\_\_  One-time donation  Monthly donation

**Payment Information:**

Credit Card  Debit Card  PayPal

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_

I would like to make this donation anonymously.

I would like to dedicate my donation in honor/memory of: \_\_\_\_\_

**Acknowledgment:**

Please send me a receipt for tax purposes.

I would like to receive updates and newsletters from Park Lawn.

**Payment Authorization:**

I authorize Park Lawn to charge my card the specified amount.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU FOR YOUR GENEROSITY  
AND SUPPORT!