



GALENA DOG PARK DONATION FORM

On June 24, 2019, the Galena City Council unanimously approved the creation of an off-leash dog park in the east-side Timp 2 Subdivision. A group of residents and dog park enthusiasts are partnering with the City of Galena to raise funds for the park. Your generous donation will enable us to build the park as quickly as possible. Our fundraising goal is a minimum of \$50,000.

Note: Donations made to the City of Galena for the Galena Dog Park are tax deductible assuming the donor otherwise qualifies for a tax deduction based on income or other qualifying deductions.

Full Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Email:** _____

All donations of \$50 or more will be recognized in the following categories on a sign or plaque at the dog park.

Best of Show:	\$5,000 or more
Best of Breed:	\$2,500-\$4,999
Sporting Group:	\$1000-\$2,499
Herding Group:	\$500-\$999
Working Group:	\$250-\$499
Toy Group:	\$50-\$249

Donations also accepted for the following:	
<input type="checkbox"/>	Dog Friendly Drinking Fountain: \$6,000 (1 available)
<input type="checkbox"/>	Picnic Table with Concrete Pad: \$2,000 (3 available)
<input type="checkbox"/>	Tree: \$300 (7 available)
These donations recognized with individual plaques	

Please specify your how you would like your name or memorial listed on the sign or plaque:

_____ (30 character limit)

DONATION AMOUNT: \$ _____

Donate by CHECK or CREDIT CARD. Make checks payable to "City of Galena" with Galena Dog Park in the memo line and mail with this completed form to the address below. If paying with credit card, please complete below.

Name on Card: _____
Billing Address: _____
Phone: _____ **City:** _____ **State:** _____ **Zip:** _____
Amount of Donation: _____
Card Number: _____ **Expiration Date:** _____
Three Digit Security Code: _____ **Circle One: VISA or MASTERCARD**

Cardholder Signature: _____

Send this form (and check if applicable) to:

City of Galena
101 Green Street
Galena, Illinois 61036
Email: mmoran@cityofgalena.org