

# Creating a *Lasting Legacy*

at the Lisle Park District Senior Center

## **BECOME A DONOR!**

Our giving tree is to honor our partners who wish to further our vision of serving citizens through our facility and programming. Donations assist with specific needs as well as maintaining our overall high level of service.

## **GIVING TREE**



Are you interested in making a donation? Fill out our donation form.

**DONATION FORM ON REVERSE SIDE**



# Lisle Park District Senior Center Giving Tree Donation Form

Donations in the following amounts will receive recognition on the Senior Center Giving Tree, which is displayed in the Senior Center vestibule.



**Butterfly Donation** | \$5,000 or more



**Gold Leaf Donation** | \$1,000-\$4999



**Silver Leaf Donation** | \$500-\$999



**Bronze Leaf Donation** | \$100-\$499

Donations over \$100 will also be recognized in future editions of the Prime Times and at [lisleparkdistrict.org/seniorcenter](http://lisleparkdistrict.org/seniorcenter)

## Donation Procedures

1. Complete the form below.
2. Make checks payable to: Lisle Partners for Parks Foundation
3. Mail-in or drop-off the completed form and payment to:  
Lisle Park District Senior Center  
1925 Ohio Street, Lisle, IL 60532  
Attn: Cheryl Patterson

**Questions? Contact Cheryl Patterson at 630-353-4342 or [cpatterson@lisleparkdistrict.org](mailto:cpatterson@lisleparkdistrict.org)**

### DONOR INFORMATION

|                         |                      |       |                      |
|-------------------------|----------------------|-------|----------------------|
| Name                    | <input type="text"/> |       |                      |
| Address                 | <input type="text"/> |       |                      |
| City                    | <input type="text"/> | State | <input type="text"/> |
|                         |                      | Zip   | <input type="text"/> |
| Phone                   | <input type="text"/> | -     | <input type="text"/> |
|                         |                      | -     | <input type="text"/> |
| Email                   | <input type="text"/> |       |                      |
| In Memory of (optional) | <input type="text"/> |       |                      |

### PAYMENT INFORMATION

|                    |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|--------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Donation Amount \$ | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Check #            | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| CC #               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Exp. Date          | <input type="text"/> | <input type="text"/> | /                    | <input type="text"/> | <input type="text"/> | CVC Code             | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |                      |                      |
| Signature          | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |