DONATION / SPONSORSHIP SUBMISSION



PLEASE COMPLETE ALL (FILL OUT ONLINE OR PRINT)

Mr./Mrs./Ms.	First Name	Last Name				
Company Name						
Street Address / Box :	#		Apartment/Suite			
City		State / Province	Zip Code / Postal Code			
Telephone		Email				
DONATION INTENTION	I					
Please let us know th	e intention of your donat	tion to the International Peace Garde	en.			
General Opera	tions	ns Adopt a Flower Bed (indicate bed selected)				
Capital Project						
Memorial Ben	Memorial Benches Membership: Lifetime \$500 Annual \$50 _					
PAYMENT OPTIONS	please contact the office					
_						
_		ernational Peace Garden (address belo	ow)			
_	to <u>finance@peacegarde</u>					
_		t (Contact finance @ Extension 117)				
Credit Card (Conto						
	l agree to 2% addition to	my contribution to offset Credit card	l charges.			
DONATION AMOUNT	r					
□ \$50	□ \$100	□ \$500	(enter amount)			
RECOGNITION						
In IPG publications ar	nd / or signage, please lis	t my/ our / other name(s) as follows	(please print) :			

DONOR(S) SIGNATURE

Si	gnature	Date		
NEON	Receipt	Deposit	QB	

International Peace Garden 10939 Highway 281, Dunseith, ND 58329 (701-263-4390) Box 419, Boissevain, MB ROK 0E0 (204-534-2510) <u>https://peacegarden.com</u>