Leelanau County Veterans Memorial Donation Form

Name: Telephone:																			
Full Address (including	city, s	state, c	and zip	code):														
Email Address:																			
I/we would like to	mak	e a c	dona	tion	to th	ne Lee	lana	au Co	unty	Vet	erans M	lemo	rial	as fo	ollow	vs:			
☐ Perpetual Care	\$_																		
□ Wall of Honor (Name Only, One Line -			ļ	Name,		EASE													
☐ Brick Paver*	\$ <u>1</u> :	<u>25.0</u>	<u>0</u>																
*Engra	avin	g inf	orm	atio	n for	brick	pav	ers sh	nall ir	nclud	de 3 line	s, 20) cha	ract	ers	per l	ine (max	<u>imum</u>)
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Approved: Date:																			
Please specify:																			
Mail completed for	m w	vith a	a che	eck į	oayal	ole to	8	3527	E. Go	verr	n ty Trea nment 0 II 49682	tr. D		ıite i	#104	ļ			
Please contact the comments.	Cou	nty A	Adm	inist	tratoi	r's off	ice a	at 231	256	5-972	l1 or to	I fre	e 86	6-25	6-97	711 v	with	any	questions or
County au	ıditing	practi	ces sta	ate do	nors sh	all specij	y use (of donat	ed fun	ds. Yo	ur donation	is tax	deduci	tible to	o the e.	xtent c	illowed	d by la	w.
□ Perpetu	ıal Ca	re: 2	41.67	75.02	20			For Inte			y~ 241.675.	000		□в	rick/I	Paver	: 242	1.675	.010