



METAMORA PARK FOUNDATION

P.O. Box 633, Metamora, IL 61548

Donor Contact Information

Name: _____

Address: _____

Phone Number: _____

Email: _____

Donation Information

Donation designation (general, park, pool, specific use): _____

Amount of Donation: _____

Signature of Donor: _____

Date: _____

Office Use Only

Cash/Check #: _____ Date: _____

Business/Name on check: _____

Accepted By: _____

Federal Tax Letter & Thank You sent yes no