# Nordonia Hills Veterans Memorial Park Foundation

## Picnic Table Donation Form

Name of Donor: _____

Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number with area code (used only if requiring clarification): _____

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**For a donation of $4,000:**

3 lines – 55 characters maximum (spaces and punctuation are counted) per line – All capital letters (1.25" tall) – No graphics.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 |
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Please call (216)703-6180 to see if there will be additional costs if you want a corporate logo inscribed or to verify that the item is still available or if you have questions. If no one answers, please leave your name, phone number and the purpose of your call so it can be returned with an answer. The envelope postmark with a check will be the determining factor as to which donor form arrived first

Nordonia Hills Veterans Memorial Park Foundation has 501(C)3 status from the IRS. The EIN # is 83-2592411. Checks should be made payable to **NHVMP** and mailed to

NHVMP
P.O. Box 560165
Macedonia, OH 44056

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(216)703-6180 OR www.nordoniahillsveteransmemorialpark.com OR www.nhvmp.com