



Sleeping Giant Park Association Donation

Donor Name: _____

Street: _____

City: _____ State _____ ZIP _____

Date: _____ Amount \$ _____

Please select one of the categories below ()

1. Donation for Capital Fund Drive

2. Donation In Honor Of:

Name: _____

If you would like a notification sent, please provide the recipient's address:

Street: _____

City: _____ State _____ ZIP _____

3. Donation In Memory Of:

Name of deceased: _____

If you would like an notification sent, please provide the following for the contact person:

Name: _____

Street: _____

City: _____ State _____ ZIP _____

**Please mail completed form with a check payable to
"The Sleeping Giant Park Association" to:**

SGPA

P.O. Box 185340

Hamden, CT 06518-0340

Donations are tax deductible

*We acknowledge donors in the Giant News and on our Web site. If you prefer **not** to have your name listed, please check here:*