

## ROSE GARDEN DONATION

Donor Name \_\_\_\_\_

Street address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount of Donation: \_\_\_\_\_

In Memory Of: \_\_\_\_\_

Thank you for your donation,

*Beautification Committee*

Names will be posted in the Tribune once every three months.

Check here if you do **NOT** want this posted in the Tribune.

Any questions, call Sandy Stevens 860-930-0647