COMMITMENT FORM



FRIENDS OF WEST DES MOINES PARKS AND RECREATION a 501(c)(3) organization

Name(s):				Date:							
Please PRINT na	me(s) exactly how you wish	to be recognized		D	D	M	M	Υ	Υ	Υ	Υ
Address:											
City:		State:			Zi	р:					
Phone:											
E-Mail :											
Payment											
Enclosed is a check for one time donation. Checks made payable to Friends of West Des Moines Parks and Recreation. In memo please state any particular project you would like the funds allocated to.											
I/We commit			to be	to be paid in installments over:							
	One Year	Two Years	Oti	her							
Begin payments on:											
I/We would like to make payments:											
	Annually	Semi-Annually	Qu	ıarterl	у	C	Other				
I would like my donation to be directed to this particular project or or program:											
Signature:			D	ate:							
Print:											
Mail or e-mail completed form to: Friends of West Des Moines Parks and Recreation P.O. Box 65320, WDM, IA 50265											

YES! I/We would like to support the Friends of WDM Parks + Recreation

FriendsofWDMParks@gmail.com | 515-222-3444