



## DONATION & RECOGNITION APPLICATION

### APPLICANT INFORMATION

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### DONATION INFORMATION

REQUEST TYPE: ☐ Donation ☐ Memorial ☐ Tree AMOUNT: \$ \_\_\_\_\_

DONATION TYPE: ☐ General ☐ Specific Use \_\_\_\_\_

#### MEMORIAL:

Type of Memorial:

Park Bench — \$ 2,000 each Picnic Table — \$ 5,500 each Recycling Receptacle — \$ 1,500 each

Memorial Recognition Plaque — \$ \_\_\_\_\_

### APPLICANT AGREEMENT

I certify the information provided is accurate. I agree to all fees, terms, and Township regulations outlined in the **Saugatuck Township Donation & Recognition Application**.

I understand:

- The Township will try to maintain donations but is not liable for damage or loss.
- I may be contacted if issues arise.
- The Township may reject any donation, memorial, or in-kind service.
- Replacements are allowed at the donor's cost with approval.

Payment must be received before approval. Make checks payable to **Saugatuck Township**, mailed to:  
**P.O. Box 100, Saugatuck, MI 49453**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Authorized Signature: \_\_\_\_\_

Date \_\_\_\_\_

Total Donation \$ \_\_\_\_\_

Received By: \_\_\_\_\_

Date \_\_\_\_\_