



**2016 DOWNTOWN WATERING PROGRAM
DONATION FORM**

BUSINESS INFORMATION

Business Name: _____

Contact Person: _____

Business Address: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail: _____

Yes, I'd like to help the Downtown Watering Program!

I'll make a donation to help defray expenses. (*Please complete Payment section below.*)

Would you like the volunteers to water your flowers for the summer?

Yes Estimated # of planters that you'll have in front of your business location: _____

No, thanks.

PAYMENT

Choose one:

Number of planters to be watered at your business: _____ x \$20 = \$_____

This is a donation only. I don't need to have planters watered. Amount enclosed: \$_____*

Make check payable to: "Village of Lake Odessa." Indicate "Downtown Watering" in memo line.

Submit completed form (and payment, if applicable) to:
**Lake Odessa DDA
839 Fourth Avenue
Lake Odessa, Michigan 48849**

Date: _____ Signature: _____

**NOTE: Donations may be tax-deductible. Please consult your tax professional for more information.*