



Gifts for Tomorrow Donation Form

DONOR CONTACT INFORMATION

Name of individual responsible for donation: _____
First Last

Address: _____
Street City State Zip

Phone: (____) _____ (____) _____ (____) _____ Email: _____
Home Phone Work Phone Cell Phone

DONATION INFORMATION

Donation on behalf of: Group Individual Organization Business

Name of Group, Individual, Organization or Business

What type of donation is this: (memorial, gratitude, in honor, etc) _____

Plaques are available for an extra fee with gift donations over \$1,600. If qualified, would you like a plaque? Yes No

Plaque Inscription: _____

Please check the item you would like donated and list the site where you wish the item installed. CSD staff will inform you of the price and availability of that item for the site indicated. For special gifts like Sport Fields, Restrooms, Tennis Courts, Jogging / Bike Trails, please call (916) 405-5300 and ask to speak to the Gifts for Tomorrow representative.

Park/Facility: _____

- Special Gift not listed: _____
- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Basketball Court | <input type="checkbox"/> Cash | <input type="checkbox"/> Picnic Tables | <input type="checkbox"/> Sport Field Amenities |
| <input type="checkbox"/> BBQ | <input type="checkbox"/> Dog Waste Stations | <input type="checkbox"/> Play Equipment | <input type="checkbox"/> Swings |
| <input type="checkbox"/> Benches | <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Play Lot Feature | <input type="checkbox"/> Trees |
| <input type="checkbox"/> Bleachers | <input type="checkbox"/> Horseshoe Pits | <input type="checkbox"/> Shade Structure | <input type="checkbox"/> Volleyball – Grass |

SUBMIT FORM TO:
Cosumnes Legacy Foundation
 Gifts for Tomorrow
 C/o Cosumnes CSD – Parks & Recreation Department
 8820 Elk Grove Blvd Ste 3, Elk Grove, CA 95624
 Phone: (916) 405-5300 Fax: (916) 685-6942

CSD STAFF USE

Date Received: _____ Received By: _____ Total Cost: \$ _____

Item Cost: \$ _____ Labor Cost: \$ _____ Plaque Cost: \$ _____ Endowment Cost: \$ _____

Is item available for Site? Yes No If no, suggest an alternate site: _____

Approvals: CSD Liaison: _____ Park Maint. Superintendent: _____ Chief of PDC: _____

Proposed Installation Date: _____ Confirmed Installation Date: _____

Donor Called for Confirmation: _____ Invoice Number: _____ Receipt Number: _____

Gift Ordered: _____ Plaque Order: _____ Gift Installed: _____ Donor Contacted: _____