



# Cosumnes Community Services District

8820 Elk Grove Blvd., Elk Grove, CA 95624

Phone: 916-405-5300

www.yourcsd.com

## Gifts for Tomorrow Donation Form

### DONOR CONTACT INFORMATION

Name of individual responsible for donation: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone Cell Phone

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

### 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) \_\_\_\_\_

Would you like a plaque installed with the donation item at extra cost (if available):  Yes  No

Plaque Inscription: \_\_\_\_\_

Please check the item you would like donated and list the park you would like the item installed in. CSD staff will inform you of price of item and availability of that item for the park indicated.

Park: \_\_\_\_\_

- |                                  |                                    |   |   |  |
|----------------------------------|------------------------------------|---|---|--|
| <input type="checkbox"/> BBQ     | <input type="checkbox"/> Bleachers | <input type="checkbox"/> Dog Waste Stations | <input type="checkbox"/> Picnic Tables – Concrete | <input type="checkbox"/> Sport Field Amenities |
| <input type="checkbox"/> Benches | <input type="checkbox"/> Cash      | <input type="checkbox"/> Picnic Tables      | <input type="checkbox"/> Play lot features        | <input type="checkbox"/> Trees                 |

#### SUBMIT FORM TO:

Cosumnes CSD – Parks & Recreation Dept  
8820 Elk Grove Blvd., Elk Grove, CA 95624  
Phone: (916) 405-5300

### CSD STAFF USE

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

Item Cost: \$ \_\_\_\_\_ Plaque Cost: \$ \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Is item available for Park?  Yes  No If no, suggest an alternate park: \_\_\_\_\_

Approvals: 1. Supervisor: \_\_\_\_\_ 2. Park Maint. Superintendent: \_\_\_\_\_ 3. Chief of PDC: \_\_\_\_\_

Proposed Installation Date: \_\_\_\_\_ Confirmed Installation Date: \_\_\_\_\_

Customer Called for Confirmation: \_\_\_\_\_ Invoice Mailed: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

Check Received: \_\_\_\_\_ Order Placed: \_\_\_\_\_