

# PARKWORKS ANNUAL FUND CAMPAIGN

*Please consider a gift at one of the following levels...*

\$5,000     \$2,500     \$1,000     \$500     \$250     \$100     \$50

other gift \_\_\_\_\_

Please bill my (circle one)      VISA      MC

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

My employer has a matching gift program. Please contact me for further information.

I would like more information about ParkWorks and invite you to contact me by phone.

Name \_\_\_\_\_

*(as should appear on all correspondence)*

Title *(if applicable)* \_\_\_\_\_

Organization *(if applicable)* \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

*All donations are tax deductible to the extent allowed by law. [WEBSITE]*

Please return the form either by fax: 214-696-2326 or by mail to:

ParkWorks Attention: Annual Fund 1422 Euclid Avenue, Suite 733 Cleveland, Ohio 44115