



Village of Stratford
Friends of the Trail
Friends of the Trail

265 N 3rd Ave., PO Box 12, Stratford, WI 54484-0012, 715.687.4166
 www.stratfordwi.com stratfordclerk@fibernetcc.com

RECREATIONAL TRAIL SYSTEM
 DONATION FORM

Yes, I/we would like to help the Village of Stratford create a recreational trail.

| | | | | | | | | |
|------------------------|----------------|-------------------|--------------------|--------------------|----------------------|----------------------|----------------------|---|
| ✓ | | | | | | | | |
| DONOR LEVEL | <i>Friend</i> | <i>Enthusiast</i> | <i>Sponsor</i> | <i>Developer</i> | <i>Builder</i> | <i>Partner</i> | <i>Founder</i> | Other: <i>Please indicate amount.</i> |
| DONATION AMOUNT | \$100 to \$499 | \$500 to \$999 | \$1,000 to \$4,999 | \$5,000 to \$9,999 | \$10,000 to \$24,999 | \$25,000 to \$49,999 | \$50,000 to \$74,999 | \$ _____ |

- **Please accept my/our cash donation** in the amount of \$ _____ at the donor level indicated.
- **Businesses donating on a “per employee” basis:** Number of Employees: _____
 Amount per Employee: \$ _____
- **In lieu of a cash donation,** I/we would like to donate the following supplies, materials, or professional services valued at \$ _____. *(Describe supplies, materials, or services below.)*

DONOR INFORMATION

Name of Individual or Business: _____

Address: _____

Phone: _____ Business Contact Person: _____

Email: _____

Name, as you wish it to appear on the donor sign: *(please limit to 52 characters):*

Please make your check payable to: “Village of Stratford – Trail Fund”.

Your donation is tax deductible. All donors will be recognized at the appropriate level on signage at the trailhead. Trail naming rights will be honored at donor’s request with donations of \$75,000 or greater.

THANK YOU FOR YOUR SUPPORT!