

Lowell Area Trailway Connecting Our Community Campaign

YES, I (we) support the campaign for Phase I of a community trail system for Lowell. Please follow these **three** steps:

Step One:

Name:

_____ Phone contact: _____

Address:

_____ City _____ Zip _____

Email: _____

Please print your name(s) as you would like it listed in donor recognition material:

_____ OR ____ I (we) prefer to remain anonymous.

Optional- This gift is given in (circle one) memory of or honor of:

Step Two:

Your donation amount of \$ _____

Recognition Options:

Small brick = \$150, Medium brick = \$300, Large brick = \$600 or Plaque = \$1,000

\$3,000 Marker \$5,000 Marker \$10,000 Trail Head Signage \$15,000 Trail Head Signage

Special recognition options are available for Individuals, Families, Organizations or Corporations *

Enter your message below:

All gift payments for recognition level donations must be paid in full or a payment plan agreement signed before any engraving or public recognition can occur.

Step Three Payment Options

A) Single, one time payment in the amount of \$ _____

- o Check -please make checks payable to:
Lowell Area Recreational Authority- LARA
PO Box 98, Lowell, MI 49331
- o For appreciated assets or an estate gift -please contact Jodie Seese at 616-446-7058.

B) Monthly Auto Pay from your checking account

I hereby authorize Lowell Area Recreational Authority (LARA) , hereinafter called ORGANIZATION, to initiate debit entries from my (select one) ___ Checking or ___ Savings account indicated below and to the depository named below, hereinafter called DEPOSITORY, to debit same such account.

DEPOSITORY NAME: _____
(Your banking institution's name)

BRANCH: _____
(City where your branch is located)

TRANSIT/ABA NO: _____

ACCOUNT NO: _____

This agreement remains in full force and effect to deduct \$ _____ (dollars) for ___ months beginning ___ date of _____ (month) in the year _____ for a total contribution of \$ _____ or until ORGANIZATION and DEPOSITORY has received written notification from me of its termination in such manner as to afford ORGANIZATION and DEPOSITORY a reasonable opportunity to act on it.

I would like to receive newsletters and updates by email

I am interested in volunteering with the project or campaign

Signature of donor

Date

Please mail contributions and/or monthly payment information to: LARA, PO Box 98, Lowell, MI 49331.

Your contribution is tax deductible to the full extent of federal and state income tax laws.

*Contact Jodie Seese at 616-446-7058 with any questions or inquires of other giving options

C) Payroll Deduction Plan available by special arrangement with employer- See Jodie Seese