Donor Information Sheet

		se interested persons a means of procated below: (please check your cho	_		al care
		etery located on State Street in the V off Highway 131 on Elliott Road ne			
Lake Township, to p budget that is design deposited in the cem	permit said revo nated as <u>cemete</u> netery perpetua	by giving this form of revenue (cash enue to be placed in the line item of ery perpetual care. It is further unde al care line item will not be utilized for the designated above.	the Town	nship's ar at funds	nnual
-		utine care and lawn maintenance of t vidual plots such as placement of me		•	
The funds thus dona individual circumsta	•	gible as a tax write off against incom	ne taxes o	depending	g on my
The following is a re	eceipt for your	donation to the perpetual care fund.			
Name:					_
Address:					_
City/State/Zip:					_
Contact Number:					_
Amount Donated:	\$	Dated:	/	/	-
		CUT HERE &			
Name:					
Address:					_
City/State/Zip:					=
Contact Number:					_
Amount Donated:	\$	Dated:	/	/	_
Signature of Townsh	hin Official rec	reiving donation:			