



Licking Park District Fund DONATION FORM

Donor Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Thank you for your contribution to the Licking Park District Fund. Your tax-deductible donation will help with funding for projects and programs.

Please mail this document to the below address. Please make checks payable to the **LICKING COUNTY FOUNDATION**.

Licking County Foundation
30 N. Second Street
P.O. Box 4212
Newark, OH 43058-4212

PARKS & RECREATION...
THE BENEFITS ARE ENDLESS