

BENCH ORDER FORM

Bench with plaque (\$1,750)

Name _____

Business _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

PAYMENT

Credit Card (circle) VISA MC DISC AMEX

Cardholder's Name _____

Card Number _____ Exp. Date ___/___

Signature _____

*Please make checks payable to Oswegoland
Park Foundation.*

Your donation is tax deductible. Receipts will be mailed.

PLAQUE ENGRAVING

2 lines of text. 26 characters per line.

*Mail with payment to P.O. Box 803,
Oswego, IL 60543.*