



DONATION PROGRAM APPLICATION

I wish to make the following donation to support City of Longview Parks and Recreation. I understand that final decisions on the acceptance, use, or placement of all donations will be made in accordance with the Parks and Recreation Donation, Gift, and Memorial Policy.

LONGVIEW PARKS AND RECREATION DONATION PROPOSAL

Donor Name:		Date:	
Address:		City/State:	
Organization (if applicable):		Email:	
Item or Project to be Donated:			
Reason for Making Donation:			
Approximate Cost or Worth: \$			
Donor Cost Responsibility: \$		Expected City Cost Responsibility: \$	
How will the City be expected to maintain donation in the future/estimated cost of maintenance:			
Desired location, if applicable (be specific):			
*Please note: The City may not be able to place the item in desired location, let us know if there is an alternate location in addition to first priority.			
Expected Completion Date:		Do you wish to be present when installed?	☐ Yes ☐ No
Recognition Plaque Wording (if applicable):			
Donor Signature:		Date:	
FOR PARKS AND RECREATION OFFICIAL USE			
Date Approved:		Approved By:	
Parks & Recreation Board Approval	☐ Yes ☐ No	Meeting Date Approved:	
Donor Notified of Disposition:			
☐ By Phone	☐ By Letter	☐ In Person	Date:
Date Completed:		Completed By:	