

BARDSTOWN NELSON COUNTY VETERANS PARK

Mail-in Donation Form

Print and complete the information below to ensure we can properly process and acknowledge your gift.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

DONATION INFORMATION

One-Time Donation Amount: \$ _____

Personal Check: _____ My check is enclosed and made out to The Bardstown Nelson County Veterans Park.

Credit Card: _____ Please charge my credit card.

Card Type: _____ AMEX _____ Discover _____ MasterCard _____ Visa

Cardholder Name: _____

Card Number: _____ Expiration Date (Month/Year) _____ CVC _____

Cardholder Signature: _____

To show our appreciation, your name will be entered on the Gratitude Wall at the entrance of the Veterans Park. If you wish to remain anonymous, indicate by checking here. _____

YOU MAY MAKE THIS DONATION IN HONOR OR IN MEMORY OF AN INDIVIDUAL

Choose one type of Tribute: _____ In Honor of _____ In Memory Of

Honoree's First Name: _____ Last Name: _____

Send acknowledgement of my tribute to the individual or a family member:

Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Mail this Form and Donation to:
Bardstown Nelson County Veterans Park
PO BOX 234 Bardstown, KY 40004