

# 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