

# Children's Memorial Walkway

*in conjunction with the Mayor's Art Council*

## Donation Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_


Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_


Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to donate \$ \_\_\_\_\_ to the Children's Memorial Walkway.

Please apply my donation to:

 **Memorial Stepping Stone** (2 lines/12 characters per line, including spaces. Please use only the child's name and the write correct spelling to be engraved on brick below)

\_\_\_\_\_

 **Other** (Please specify below what you would like your money to go towards)

\_\_\_\_\_

Please complete the form and mail to:

City of Gillette

Attn: Children's Memorial Walkway

201 E. 5<sup>th</sup> Street

Gillette, WY 82716

307/686-5203

[www.gillettewy.gov/cmw](http://www.gillettewy.gov/cmw)



**OFFICE USE ONLY:**

Account #: 001.0000.365.0100

Project #: \_\_\_\_\_

Clerk Receipt #: \_\_\_\_\_

Payment Method: Cash \_\_\_ Check \_\_\_ # \_\_\_ CC \_\_\_