



Elizabeth Park
CONSERVANCY

DONATION FORM

I/we would like to give a gift of \$ _____

* * *

Donor Name _____

Donor Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Check Credit Card

Name on Credit Card: _____

Credit Card # : _____ Exp. Date: _____ CVV#: _____

* * *

Donation Note/Comment (optional): _____

Donations by check can be made payable to **Elizabeth Park Conservancy** and sent to:

1561 Asylum Avenue
West Hartford, CT 06117