CITY OF GRAND HAVEN
DONATION APPLICATION

Applicants Name and Contact Information
(Please Print)

Name: _____

Mailing Address: _____

Telephone No.: (_____) _____ Cell No.: (_____) _____

Email Address: _____

Acknowledgement and Signature

By signing this application, I confirm that I've read the City Policy regarding donations and that I understand and concur with the policy. By signing, I also declare that I am the individual requesting to make the donation or that I'm an appointed representative of the individual or group that desires to make a donation to the City of Grand Haven.

The City truly appreciates the generosity of donors who wish to make ours a finer community for all. Without exception, the City reserves the right to restore, relocate, remove or relinquish gifts that are no longer suited for their original purpose. Donations do not confer special privilege or rights; they are graciously and unconditionally accepted without obligation.

Name: _____ Date of Submittal: _____

Item(s) Desired to be Considered for Donation

☐ Bench(s) ($2500)
☐ Tree(s) ($1000 or Cost + $500)
☐ Trash/Recycle Unit(s) (Cost + $500)
☐ Picnic Table(s) (Cost + $500)
☐ Art (Based on DPW Staff Time)
☐ Other: _____

Location(s) Desired to be Considered for Proposed Donation (from list above)

☐ Park
☐ Waterfront
☐ Eastown
☐ Lake Forest Cemetery
☐ Centertown
☐ Community Center
☐ City Hall
☐ Parkway
☐ Downtown DDA District
☐ Other: _____

☐ Donor Plaque - Name to Appear on Plaque:
(Cost + $75)