



## Outdoor Education Fund

### Donor Information (please print)

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

(as it should appear for recognition)

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

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

Telephone: \_\_\_\_\_

### Gift Information

This gift is in memory of \_\_\_\_\_

This gift is in honor/celebration of \_\_\_\_\_

Send notification of my memorial/tribute gift to:

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

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

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

### Program Preference

Outdoor Education program support

Brecksville Nature Center

CanalWay Center

Institute of the Great Outdoors

Garfield Park Nature Center

Look About Lodge

Nature Tracks

North Chagrin Nature Center

Rocky River Nature Center

Youth Outdoors

### Payment Information

check enclosed (payable to Cleveland Metroparks)

\$\_\_\_\_\_ amount of gift       Visa       MasterCard       Discover

Account #: \_\_\_\_\_

Expiration: \_\_\_\_\_      Signature code: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail to: Cleveland Metroparks  
Gift and Donor Development  
4101 Fulton Parkway  
Cleveland, OH 44144

For more information: 216-635-3217

*All contributions are tax-deductible to extent allowed by law.*

