

GIFT FORM	
Downtown Greenway Community Campaign	1

Greensboro, North Carolina

Name(s)		
Name as you would like it to appear in publicity & dono	r recognition:	
Address		
City/State/Zip		
Email	_Phone (Day)	(Evening)
□I/we would like to donate \$		_to the Downtown Greenway.
$\hfill\Box$ Payment in full enclosed in the amount of \$		
made payable to the Downtown Greenway Com	, ,	
□ I/we would like to pay for my donation of \$		
second payment on		Trease invoice me for the
☐ I/we would like to discuss an alternate payment plan.		
$\hfill \square$ I/we wish to remain anonymous.		
□ I/we wish to discuss a gift of securities.		
SELECTED NAMING OPPORTUNITY		
SIGNATURE		
		Date

## DOWNTOWN GREENWAY COMMUNITY CAMPAIGN OFFICE

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