

**CITY OF LIVONIA
DEPARTMENT OF PARKS AND RECREATION**

DONATION REQUEST

Please Print Information Below

Fax completed forms
to: 734-466-2679
Or
Email to:
acox@livonia.gov

- Organization/Club must be Livonia based.
- Event must benefit a Livonia based school or organization.

Name of Organization/Club _____

Organization's Address _____ City _____ Zip _____

Name of Person Submitting Request _____

Day Phone # (____) _____ Cell Phone # (____) _____

Brief description of your organization/club: _____

Event date: _____

Type of event? _____

Anticipated number of participants: _____

What will the proceeds be used for? _____

Please check which type of donation you would like to receive, there is no guarantee.

☐ Day Passes to Jack E. Kirksey Recreation Center

☐ Golf passes to the City golf courses

If approved, you will receive a phone call as to when it can be picked up.

Submitted by: _____ Date: _____

* * * * *

For Office Use Only

Approved _____ Date _____

Rec Center Passes - _____ sets of 2 or 4 GOLF 9Holes - for 1 or 2-some or 4-some

Comments: _____

Thank you received: _____

Dept\P&R\Donations\Donation Request