

CITY OF ROLLINGWOOD

DONATIONS: FRIENDS OF ROLLINGWOOD COMMUNITY PARK

TYPE OF PAYMENT RECURRING, TO BE PAID WITH WATER BILL EACH MONTH
 NON-RECURRING

NAME _____ ACCT # _____

SERVICE ADDRESS _____

DATE _____ AMOUNT _____ . _____

PAYMENT METHOD CHECK CRED CARD BANK DRAFT

Thank you very much for your donation.

CUT

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