



Veterans Memorial Park

Sponsorship level

\$100 – Wall of Honor

Text for Personalization:

Any symbol is considered one space (period, comma, dash)
Max of 20 spaces

Name Only

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Donor Information:

Name: _____ Phone: _____ Email: _____

Total Paid: \$ _____ Cash Check # _____

By signing below, you are approving that the above text is correct

Signature: _____

*SPEDA Community Foundation, Inc.
is an exempt organization as described in
Section 501(c)(3) of the Internal Revenue Code*



Veterans Memorial Park

Coming Soon
North Main Street – Downtown Somerset

Select your sponsorship level

- \$500 – Engraved Brick
- \$5,000 – Tree with Placard
- \$10,000 – Bench with Placard
- Title Sponsor -



Contact Name: _____

Business Name: _____

Address: _____

City, State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Payment Method:

- Check (*Payable to SPEDA Community Foundation, Inc.*)
- Credit Card (*Please complete the attached page*)

Total Payment Amount: _____

Please return completed form to:
SPEDA Community Foundation, Inc.
Attn: Jessica Carlton
PO Box 409
Somerset, KY 42502

Questions?
Contact SPEDA at:
606-425-5409 or
jessica@speda.org

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Credit Card Payment Authorization Form Instructions:

To pay by credit card, please complete both sections below.

CREDIT CARD HOLDER INFORMATION

Please check credit card type:

Visa MasterCard Discover American Express

Credit card number: _____

Expiration date: _____/_____(mm/yy)

Exact name as it appears on the credit card:

Billing Zip Code: _____

Amount to be charged: \$ _____

Primary phone number: _____

Secondary phone number: _____

Cardholder Signature: _____

Date: _____