Kearny Senior Citizens Picnic

DONATION FORM

Business Name: _____

Contact Person: _____

Phone: _____

Address: _____

Email: _____

Type of Donation (Please check all that apply):

- Monetary donation: $_____ Checks Made Payable to: Town of Kearny
- Gift certificate(s): Value $_____
- Merchandise: _____
- Food/Beverages: _____
- Services: _____
- Other: _____

Recognition Preferences:

- Please recognize our donation publicly
- We prefer to remain anonymous

Please return this form to: Town of Kearny – Attention: Annual Senior Citizen Picnic, 402 Kearny Avenue, Kearny, NJ 07032

THANK YOU FOR SUPPORTING THE ANNUAL KEARNY SENIOR PICNIC