



Planting Partnership

Tree Sponsorship Program Contribution Form

Please complete the following information:

Name(s): _____ Banner ID# (if known): _____

Address(s): _____

City: _____ State: _____

Zip: _____ Phone: () _____

Email: _____

Gift Choices

Plant: _____ Amount: _____

Plant: _____ Amount: _____

Total Amount: _____

Payment Method

AMERICAN EXPRESS DISCOVER MASTERCARD VISA

Account Number: _____ Card Expiration Date: _____

Signature: _____

CHECK ENCLOSED (Payable to Kent State University Foundation) FUND#: 10391

My Contribution is:

In Honor Of: _____

In Memory Of: _____

Other: _____

Please send acknowledgements to:

Name(s): _____

Address(s): _____

City: _____ State: _____ Zip: _____ Phone: () _____

Please mail or fax completed form to:

Kent State University Advancement Services

Foundation & Development Building

P.O. Box 5190

Kent, OH 44242-0001

Fax: 330-672-3049

Phone: 330-672-2222

Email: gifts@kent.edu