



Please PRINT all information clearly. Thank you!

Business/Organiza	tion Name:			
Company Address:				
Contact Name:				
Phone Number:				
Email:				
Donation:				
<b>\$250.00</b>	<b>\$100.00</b>	<b>\$50.00</b>	☐ Other:	
☐ In-Kind Dona	ation (Food, Drinks, e	tc)		
Participation	ı in Trunk or Treat - T	heme of table/vehi	cle	

## **PLEASE RETURN TO:**

Ashton Miller
Borough of Quakertown
35 N. Third Street, Quakertown, PA 18951
Tel. 267-372-PARK Email: parksrec@quakertown.org

